

RHODE ISLAND

***Child and Family Service
Program Improvement Plan***

Department of Children, Youth and Families

Annual Progress and Services Report

June 2007



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
1250 Maryland Avenue, S.W.
Washington, D.C. 20024

JAN 25 2008

Patricia Martinez, Director
Department of Children, Youth and Families
101 Friendship Street
Providence, Rhode Island 02903

Dear Director Martinez:

We have completed review of the June 30, 2007 submission and subsequent revisions to Rhode Island's Annual Progress and Services Report (APSR). We are pleased to inform you that your APSR has been approved. As you are aware, this approval authorizes Federal fiscal year 2008 funding for child and family services provided under title IV-B, parts 1 and 2, of the Social Security Act; the Child Abuse Prevention and Treatment Act; and the Chafee Foster Care Independence Program, including the Educational and Training Voucher program. A copy of the signed CFS-101 authorizing funding is enclosed for your records.

We appreciate the collaborative approach demonstrated throughout the process of finalizing the APSR. We would especially like to thank Lee Baker for her work on development of the plan.

The Department's accomplishments over the last year are highlighted in the APSR and we are particularly pleased to note the following:

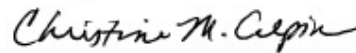
- New supervisory case reviews to enhance quality assurance efforts;
- Implementation of a new risk and protective capacity assessment;
- Development of regional teams to promote greater permanency;
- Additional training opportunities for both staff and foster and adoptive parents; and
- Continued collaboration with the Family Court, including the development of a five year strategic plan for the Court Improvement Program grants.

We also are pleased to note that the Department plans to continue work with the National Resource Center for Child Protective Services. We remain extremely concerned about the Department of Children, Youth and Families' (DCYF) performance on the national standard on recurrence of maltreatment and the national standard on abuse and neglect in foster care, currently at 12.7 percent and 1.15 percent respectively. The Department is urged to move forward expeditiously with implementation of the recommendations included in the Resource Center's July 2007 technical assistance site report.

Finally, the APSR reports that DCYF's regional quality case reviews conducted in 2006 rated the Department's performance on worker visits with children at 60 percent, comparable to the 61 percent rating received during the 2004 federal Child and Family Service Review. However, the Department's performance on the new reporting requirements on the percentage of children in foster care visited each and every calendar month they were in care, and the percentage of the visits that occurred in the residence of the child, are 16.7 percent and 23.9 percent respectively. This is to remind you that by June 30, 2008 the State must submit an outline of the steps it will take to ensure that by October 1, 2011, 90 percent of the children in foster care are visited by their workers on a monthly basis and that the majority of these visits occur in the residence of the child.

We look forward to continuing our partnership with you and your staff to improve outcomes for children and families involved with the Rhode Island child welfare system. Should you have any questions regarding the APSR or other related matters, please feel free to contact Amy Lockhart in the Region I Office at 617-565-1135.

Sincerely,



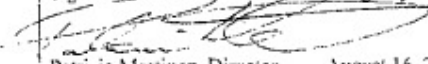
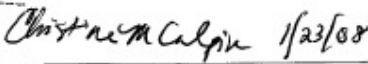
Christine M. Calpin
Acting Associate Commissioner
Children's Bureau

Enclosure

cc:

Robert Cavanaugh, Regional Program Manager; CB, Region I; Boston, MA
Deborah Bell, Financial Management Specialist; ACF, OA, OGM; Washington, DC

**CFS-101, Part I: Annual Budget Request For Title IV-B, Subpart 1 & 2 Funds, CAPTA, Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV):
Fiscal Year 2008, October 1, 2007 through September 30, 2008**

1. State or ITO: Rhode Island	2. EIN: 05-6000522
3. Address: Department of Children, Youth and Families 101 Friendship Street, 4 th Floor Providence, RI 02903	4. Submission: <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision
5. Total estimated Federal title IV-B, Subpart 1 Funds.	\$ 989,680 (State = \$329,893)
6. Total Estimated Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a - g)	\$ 1,309,866 (State = \$436,648)
a) Total Family Preservation Services.	\$ 300,000
b) Total Family Support Services.	\$ 273,432
c) Total Time-Limited Family Reunification Services.	\$ 348,000
d) Total Adoption Promotion and Support Services.	\$ 294,500
e) Total for Other Service Related Activities (e.g. planning).	\$
f) Total Administration (not to exceed 10% of estimated allotment).	\$ 76,121
g) Caseworker visits	\$ 17,813
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. \$ N/A	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting. \$ 100,000	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required)	
Estimated Amount \$ 129,578, plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds.	\$ 733,730 (State = \$244,576)
10. Estimated Education and Training Voucher (ETV) funds.	\$ 252,122 (State = \$84,040)
11. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP \$ N/A.	
b) Indicate the amount of the State's allotment that will not be required to carry out ETV \$ N/A.	
c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP \$ 100,000 for ETV program \$ 100,000.	
12. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30, 2008.	
Signature and Title of State/Tribe Agency Official	Signature and Title of Regional Office Official
 Patricia Martinez, Director August 16, 2007	 Christine M. Calpin 1/23/08

CFS-101, PART B: ANNUAL SUMMARY OF CHILD AND FAMILY SERVICES

State of RI Rhode Island

For FY OCTOBER, 2007 TO SEPTEMBER 30, 2008

SERVICES/ACTIVITIES	TITLE IV-E		(c) CAPTA CFCIP	(d) ETV	(e) TITLE IV-E	(f) 504a Parent Directed Funds	(g) NUMBER TO BE SERVED		(h) POPULATION TO BE SERVED	(i) GEOGRAPHIC AREA TO BE SERVED (Include birth & type of areas to be served)
	(a) LIC/FS	(b) M-PSSF					Individuals	Families		
1) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	415	273					5,712	3,300	All Eligible Children	Statewide
2) PROTECTIVE SERVICES			126				9,941	7,800	"	"
3) CRISIS INTERVENTION (FAMILY PRESERVATION)	264	300					3,952	3,000	"	"
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES		348					24,842	1,800	"	"
5) ADOPTION PROMOTION AND SUPPORT SERVICES	265	295					300		"	"
6) FOSTER CARE MAINTENANCE:									"	"
(a) FOSTER/FAMILY & RELATIVE FOSTER CARE					2,227		11,789		"	"
(b) GROUP/INSTITUTIONAL CARE					3,153		55,577	1,115	"	"
7) ADOPTION SUBSIDY PAYMENTS					7,428		10,182	2,700	"	"
8) INDEPENDENT LIVING SERVICES				733			300			
9) EDUCATION AND TRAINING VOUCHERS				252						
10) ADMINISTRATIVE COSTS	45	76			8,133	7,518				
11) STAFF TRAINING			3		942	455				
12) FOSTER PARENT RECRUITMENT & TRAINING					213	311				
13) ADOPTIVE PARENT RECRUITMENT & TRAINING					678	222				
14) CHILD CARE RELATED TO EMPLOYMENT/TRAINING										
15) MONTHLY CASEWORKER VISITS		17								
16) TOTAL	989	1,309	129	733	252	22,574	130,811			

Attachment C

U.S. Department of Health and Human Services
Administration for Children and Families

CFS 101, Part III: Annual Expenditures for Title IV-B, Subpart 1 & 2 Funds, Chafee Foster Care Independence Program (CFCIP), and Education and Training Vouchers (ETV):

Fiscal Year 2005: October 1, 2004 through September 30, 2005


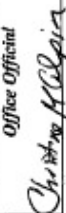
1. State or ITO: Rhode Island	2. EIN: 05-6000522	3. Address: Department of Children, Youth and Families 101 Friendship Street Providence, RI 02903			
4. Submission: <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision					
Description of Funds	Estimated Expenditures	Expenditures	Number served Individuals Families	Population served	Geographic area served
4. Federal Title IV-B, Subpart 1 Funds	\$1,006,059	\$1,004,994	795 439	All Eligible Children	Statewide
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	\$ N/A	\$ N/A			
6. Total Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a - f).	\$1,489,135	\$1,488,981		All Eligible Children	"
a) Family Preservation Services	\$ 323,441	\$ 300,000	150 39	"	"
b) Family Support Services	\$ 273,651	\$ 273,651	201 138	"	"
c) Time-Limited Family Reunification Services	\$ 348,000	\$ 348,000	242 122	"	"
d) Adoption Promotion and Support Services	\$ 279,719	\$ 279,719	221 56	"	"
e) Total for Other Service Related Activities (e.g. planning)	\$ 116,102	\$ 287,611			
f) Total Administrative Costs (not to exceed 10% of total allotment after October 1, 2007)	\$ 148,222	\$ N/A			
7. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 600,238	\$ 600,238	125	Children in Foster Care	"
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).	\$ N/A	\$ N/A			
8. Total Education and Training Voucher (ETV) funds.	\$ 205,117	\$ 205,117	30	Children in Foster Care	"
9. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2005.					
Signature and Title of State/Tribal Agency Official  Patricia Martinez, Director	Date November 8, 2007	Signature and Title of Regional Office Official  Christine Halpin	Date 1/28/08		

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Rhode Island

CHILD AND FAMILY SERVICE PROGRAM IMPROVEMENT PLAN *Annual Progress and Service Report – 2007*

Introduction –

The Rhode Island Department of Children, Youth and Families has combined responsibility for child welfare, juvenile corrections and children's behavioral health services. The agency was created in 1980 and is statutorily designated as the "*principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. Such services shall include prevention, early intervention, outreach, placement, care and treatment, and aftercare programs. The Department shall also serve as an advocate for the needs of children,*" (RIGL 42-72-5).

The agency is guided by strong vision and mission statements that were crafted by a cross-section of the Department's staff in 1996-97:

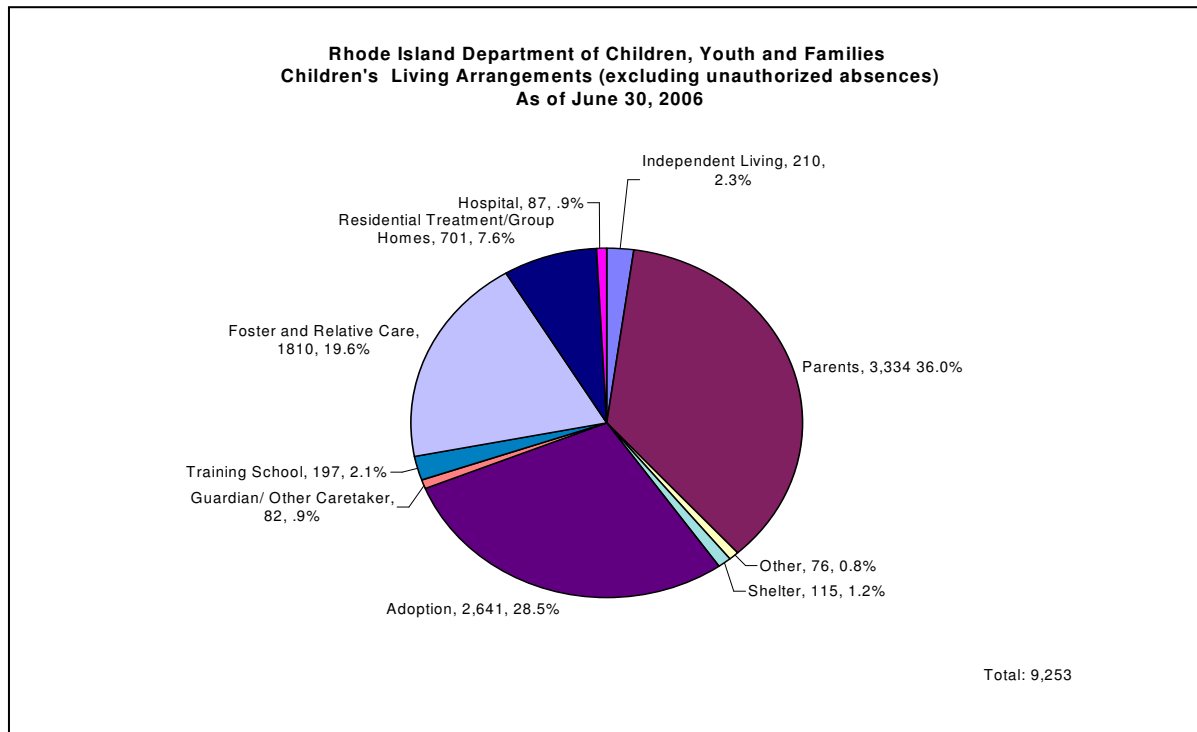
Vision – *As active members of the community, we share a vision that all children, youth and families reach their fullest potential in a safe and nurturing environment.*

Mission – *It is the mission of DCYF to assist families with their primary responsibility to raise their children to become productive members of society. We recognize our obligation to promote, safeguard and protect the overall well-being of culturally diverse children, youth and families and the communities in which they live through a partnership with families, communities and government.*

Through multiple programs extending through a range of community-based care to residential treatment, the Department provides child protection, child welfare, children's behavioral health and education, preventive services to children at risk of abuse/neglect, support services for children and families in need, and services for youth requiring community supervision or incarceration due to delinquency. This combined responsibility and service structure positions DCYF quite well for working in concert with other state departments, community-based agencies and family representatives, to continuously develop and improve strategies through the Child and Family Service Program Improvement Plan that address fundamental needs of children and families.

In FY 06, close to 29% of the youth were in substitute care and close to 65% were living at home with their biological parents, guardians, or adoptive families. (Figure 1)

Figure 1



The Department's Statewide Automated Child Welfare Information System (SACWIS), which is known as Rhode Island Children's Information System (RICHIST), contains all of the functionality required by federal regulations, which includes case management, staff management, financial management, provider management and policy and procedure management functions. It establishes an electronic case record, eliminating considerable paperwork. Continuous quality improvement with the RICHIST system has made this database a valuable resource for line staff to easily access information and identify the type of services that families need. This information includes child and family demographics, child welfare status, service plan goals, and child placement information, as well as legal, medical and educational information.

Ongoing enhancements with RICHIST as reported in the SACWIS Assessment Review Report (SARR) have allowed for data exchanges through the Common Data Interface for Title IV-A, IV-D and Title XIX related service needs. The Title IV-E automated eligibility module has also now been implemented. Each of these data interface functions will assist the Department's efforts to achieve its Program Improvement Plan objectives.

RICHIST enhancements have also been made specifically relating to the Adoption and Foster Care Analysis and Reporting System (AFCARS) Assessment Review which focuses on technical and reporting population requirements and data elements. The report period under review for the AFCARS Improvement Plan is from April 1, 2002 to September 30, 2002. The

AFCARS Assessment Review provides a similar function as the Child and Family Service Review in that a Federal/State Team reviews the data elements and technical capacity of the agency's ability to collect and report data requirements relating to children in foster care and children being adopted. The Department has completed all but two of the necessary modifications. Unfortunately, the outstanding items require substantial modifications to several RICHIST modules, particularly in relation to the item for Date of Discharge from foster care (#56). Delays in being able to complete this modification are largely due to other competing priorities that have had to be addressed, including the Department's CFSR Program Improvement Plan requirements; a new payroll system; and changes relating to HIPAA. The projected timeframes for full compliance with the AFCARS Improvement Plan is now July 2008.

AFCARS Assessment Review: Foster Care Data Elements Improvement Plan
Report Period Under Review: April 1, 2002 – September 30, 2002 (2002B)

AFCARS Element	Factor 1,2,3,4	Finding	Task	Estimated/ Completed Date
#20 – Date Child was Discharged from last foster care episode (if applicable).	3	See findings in element #56. When workers select a “close placement reason” they are to indicate whether this is a closure of all removals. Workers may not be selecting the box that indicates that this is a discharge from the removal episode. This will affect the accuracy for foster care element #20.	Develop and implement a method to ensure workers select the “discharge” box. Provide information to ACF.	Estimated: July 2008
#56 – Date of Discharge from foster care.	2	When a “close placement reason” is selected a pop-up question appears asking if this is a closure of all removals. If so, worker must enter a discharge reason. Workers may not be selecting the box that indicates that this is a discharge from the removal episode.	State needs to add training and supervisory oversight to this area. Caseworkers must not enter the date a child is returned home while he/she is under the responsibility of the agency for care, placement or supervision. See the findings in the General Requirements Section.	Estimated: July 2008

- Factor ratings: refers to level of compliance with AFCARS Standards
- A rating of 1 represents that Standard is not met. A rating of 4 represents that Standard is fully met.

Rhode Island is now in its third non-overlapping year of the PIP process, having completed its eighth (8th) quarter for the PIP implementation strategies on August 15, 2007. Almost three years ago, as the Department was focusing on development of its Program Improvement Plan, DCYF administrators identified 14 critical items that specifically address fundamental practice changes which the Department believes will have the most direct impact on the national outcomes. Throughout the PIP's implementation period, DCYF continued efforts to promote improvements in child welfare practice across all outcome areas relating to

safety, permanency and well-being, while specifically informing the critical measures outlined in the following table.

Table 1

National Standards Outcomes and Indicators		Nat'l Stndrd	Baseline 2004	State CFSR % Strength 2004	PIP Interim Objective	PIP Objective
SAFETY OUTCOME 1		6.1%	7.8%		Decrease to 7.45%	Decrease to 6.9%
1.	Item 2a: Repeat Maltreatment (National Standard)					
2.	Item 2b: Incidence of child abuse/neglect in foster care (National Standard)	.057%	1.09%		Decrease to 1.02%	Decrease to .95%
SAFETY OUTCOME 2				79%	Increase to 81%	Increase to 84%
3.	Item 3: Services to Prevent Removal					
4.	Item 4: Risk of Harm			67%	Increase to 69%	Increase to 72%
PERMANENCY OUTCOME 1		8.6%	21.3%		Decrease to 20.5%	Decrease to 19.95%
5.	Item 5: Foster Care Re-Entry (National Standard)					
6.	Item 6: Stability of Foster Care Placements (National Standard)	86.7%	84.8%		Increase to 85.8%	Increase to 86.7%
7.	Item 7: Permanency Goal for Child			73%	Increase to 75%	Increase to 78%
8.	Item 8: Length of Time to Achieve Reunification (National Standard)	76.2%	71%		Increase to 72.2%	Increase to 73.42%
WELL-BEING OUTCOME 1				31%	Increase to 33%	Increase to 36%
9.	Item 17: Needs/Services of Child, Parents, and Foster Parents					
10.	Item 18: Child/Family Involvement in Case Planning			39%	Increase to 41%	Increase to 44%
11.	Item 19: Worker Visits with Child			61%	Increase to 63%	Increase to 66%
12.	Item 20: Worker Visits with Parents			34%	Increase to 36%	Increase to 39%
WELL-BEING OUTCOME 3				77%	Increase to 79%	Increase to 82%
13.	Item 22: Physical Health of Child					
14.	Item 23: Mental Health of Child			61%	Increase to 63%	Increase to 66%

As a result of the Department's state-level Regional case reviews held between February and June 2006, DCYF has already surpassed its PIP objective in three of the 14 critical items:

- 9 – Item 17: Needs/Services of Child, Parents and Foster Parents – 2006 PIP Measure – 45%
- 10 – Item 18: Child/Family Involvement in Case Planning – 2006 PIP Measure – 45%
- 14 – Item 23: Mental Health of Child – 2006 PIP Measure – 69%

CHILD AND FAMILY SERVICE PROGRAM IMPROVEMENT PLAN - *UPDATE*

As reported previously, the Program Improvement Plan has been integrated with the Child and Family Service Plan as a single document, highlighting the Department's major priorities under the following overarching goals:

GOAL 1 -	Create a community-based, family-centered service system
GOAL 2 -	Establish a continuum of high quality, culturally relevant placement resources in proximity to each child's home
GOAL 3 -	Promote adoption or other planned living arrangement when reunification is not achievable
GOAL 4 -	Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency
GOAL 5 -	Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families

Major Strategies for Implementing, Measuring and Managing the Program Improvement Plan

The Rhode Island Department of Children, Youth, and Families has committed to seven major strategies aligned within its five overarching goals, which we believe will improve outcomes for children and families. These strategies are:

- ◆ *Strengthening DCYF's partnership with the community.*
- ◆ *Developing and implementing a targeted, effective system of care and an array of services.*
- ◆ *Fully implementing Family Centered Practice.*
- ◆ *Enhancing foster/adoptive parent recruitment, retention and support.*
- ◆ *Developing and implementing an effective quality assurance/quality improvement system.*
- ◆ *Improving DCYF's relationship with the Court and the ability to address legal issues.*
- ◆ *Enhancing professional development and training.*

In the following logic model, these strategies have been matched to the Child and Family Service Program Improvement Plan's overarching goals, and identified with the national child welfare outcome measures and indicators for safety, permanence and well-being.

Child and Family Service Program Improvement Plan Logic Model

PIP-Child and Family Service Plan Goals	PIP Strategies	National Outcomes	National Standard	Measurable Objective	PIP-CFSP Outcomes and Indicators – Systemic Factors
#1: Create a community-based, family-centered service system.	<ul style="list-style-type: none"> Agency partnership with Community Family Centered Practice 	<ul style="list-style-type: none"> Recurrence of maltreatment within 6 months 	6.1%	Decrease from 7.8% to 6.9% or less	<p>Safety-1: Children are first and foremost, protected from abuse and neglect</p> <p>Safety-2: Children are safely maintained in their homes when possible and appropriate</p> <p>Permanency Outcome-2: The continuity of family relationships and connections is preserved.</p> <p>Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs.</p> <p>Systemic Factor IX: Agency responsiveness to the Community.</p>
#2: Establish a continuum of high quality, culturally relevant placement resources in proximity to each child's home.	<ul style="list-style-type: none"> System of Care and Array of Services Quality Assurance/CQI Family Centered Practice 	<ul style="list-style-type: none"> Maltreatment in foster care Children in foster care for less than 12 months who experienced 2 or fewer placements. 	<p>.57%</p> <p>86.7%</p>	<p>Decrease from 1.09% to .95% or less</p> <p>Increase from 84.8% to 86.7% or more</p>	<p>Safety-1: Children are first and foremost, protected from abuse and neglect.</p> <p>Permanency-1: Children have permanency and stability in their living situations.</p> <p>Permanency-2: The continuity of family relationships and connections is preserved.</p> <p>Well-Being-1: Families have enhanced capacity to provide for children's needs.</p> <p>Well-Being-2: Children receive services to meet their educational needs.</p> <p>Well-Being-3: Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor-VI: Quality Assurance System</p> <p>Systemic Factor-VIII: Service Array</p>
#3: Promote adoption or other planned living arrangement when reunification is not achievable.	<ul style="list-style-type: none"> Family Centered Practice Enhancing foster/adoptive parent recruitment, retention and support 	<ul style="list-style-type: none"> Exits to adoption that occurred within 24 months from removal. 	32.0%	Increase from 49.8%	<p>Permanency-1: Children have permanency and stability in their living situations.</p> <p>Safety-2: Children are safely maintained in their homes when possible and appropriate.</p> <p>Well-Being-3: Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor V: Case Review System</p> <p>Systemic Factor VIII: Service Array</p> <p>Systemic Factor X: Foster and Adoptive Parent Licensing, Recruitment and Retention.</p>
#4: Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency.	<ul style="list-style-type: none"> Family Centered Practice Quality Assurance/CQI Family Court Relationship and Legal Issues 	<ul style="list-style-type: none"> Exits to reunification that occurred within 12 months from time of entry. Children re-entering foster care within 12 months of a previous placement. 	<p>76.2%</p> <p>8.6%</p>	<p>Increase from 71% to 73.42% or more</p> <p>Decrease from 21.3% to 19.95% or less</p>	<p>Safety-2: Children are safely maintained in their homes when possible and appropriate.</p> <p>Permanency-2: The continuity of family relationships and connections is preserved.</p> <p>Well-Being-1: Families have enhanced capacity to provide for children's needs.</p> <p>Well-Being-2: Children receive services to meet their educational needs.</p> <p>Well-Being-3: Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor IV: Statewide Information System</p> <p>Systemic Factor V: Case Review System</p> <p>Systemic Factor VI: Quality Assurance System</p> <p>Systemic Factor VII: Training</p> <p>Systemic Factor VIII: Service Array</p> <p>System Factor X: Foster and Adoptive Parent Licensing, Recruitment and Retention</p>

#5: Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families.	<ul style="list-style-type: none"> Professional Development Training Quality Assurance/CQI 				<p>Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate.</p> <p>Permanency Outcome 1: Children have permanency and stability in their living situations.</p> <p>Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs.</p> <p>Systemic Factor VI: Quality Assurance System</p> <p>Systemic Factor VII: Training</p> <p>Systemic Factor IX: Agency Responsiveness to the Community</p>
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As referenced earlier, the Department's PIP became effective in August 2005. In September 2006, the Department and the Regional Office of the Administration for Children and Families with the Children's Bureau held its re-evaluation of the PIP. Over a three day period, DCYF and ACF reviewed the progress to date and identified areas that were no longer relevant to the PIP's goals and objectives. Through this renegotiation process, the Department and ACF agreed to a new, more streamlined strategic plan for the final year of the PIP. This revised PIP with the negotiated amendments was finalized on May 21, representing 91 action steps with 202 associated benchmarks; and, the 14 quantitative measures. In this Annual Progress and Services Report, DCYF reports on the accomplishments (to date) toward reaching our PIP goals for improving our child welfare system and achieving positive outcomes.

CHILD WELFARE CONTEXT DATA

The Department provides statistical reports to the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) through two important data collection sources: the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). These two reporting sources compile data from child welfare agencies across the country to identify trends on performance – both, nationally, and state by state.

The Child Welfare Context Data provides information on Rhode Island's general population as it relates to children under the age of 18, and the number of children/youth who were involved with the public child welfare system as a result of investigations in which maltreatment was indicated. These data offer the Department an opportunity to track its performance quantitatively with respect to trends impacting the number, age and race/ethnicity of children/youth involved in investigations where there is an indication of maltreatment, and the number of cases opening to the Department as a result.

A. Key Context Statistics

General Population	RI Child Population Demographics		
Total children under 18 years	244,331*	Victims of Child Abuse and/or Neglect	3,959†
Race/ethnicity (%)		Type of Abuse:	By Age:
Alaska Native/American Indian	1%	Neglect – 78%	Under 1 – 8%
Asian/Pacific Islander	3%	Physical – 11%	1-5 Yrs. – 32%
Black/African American	7%	Sex – 5%	6-11 Yrs. – 31%
Hispanic	17%	Medical Neglect – 2%	12 and older – 28%
White	75%	Emotional – < 1%	
%Child population in poverty	19.5%•	Other – 4%	

* U.S. Bureau of Census, American Community Survey, 2005; RI Kids Count Factbook 2007

• RI Kids Count Factbook 2007

† Source: RI Kids Count Factbook 2007; DCYF 2006 RICHIST Data

The number of reports alleging child maltreatment steadily decreased between 2002 and 2004, but increased again beginning in 2005. The number of children involved in investigated reports in 2006 represents an increase of close to 23% compared to 2005 reports. The number of child maltreatment victims of indicated investigations has remained somewhat consistent from 2002 to 2005; however, as represented in the table below, these numbers may be duplicative as children may have been victims of more than one report of maltreatment.

B. Child Maltreatment Data (NCANDS Data File)¹

Maltreatment Information Overview	2002	2003	2004	2005	2006*
Children subject of an investigated report alleging child maltreatment	10,772	10,362	9,920	10,734	13,196
Child maltreatment victims ¹	3,247	3,290	3,068	3,366	4,436
Child fatalities	1	1	3	5	0

1. Children with more than one report of indicated maltreatment may be counted more than once.

* DRAFT 2006 Report prepared by Data Analytic Center at Yale University

Maltreatment Information - Rate	2002	2003	2004	2005
Children subject of an investigated report alleging child maltreatment	45.0 per 1,000	42.5 per 1,000	40.7 per 1,000	43.7 per 1,000
Child maltreatment victims	13.6 per 1,000	13.5 per 1,000	12.6 per 1,000	13.7 per 1,000
Child fatalities of maltreatment victims	0.42 per 100,000	0.41 per 100,000	1.23 per 100,000	2.04 per 100,000

Looking at the age breakdown below, there seems to be little variation, however, there does appear to be an increasing trend in the number of infants indicated for maltreatment under one year of age. One consideration with this age population involves substance exposed newborns (SENs) and the Department is currently working to enhance its ability to identify the number of SENs. In the past year, 85 substance exposed newborns were identified through a collaborative process with the VNA of Care New England working with Child Protective

¹ *Child Maltreatment 2005*, (Washington, DC: U.S. Government Printing Office, 2007) U.S. Department of Health & Human Services, Administration for Children and Families

Services to implement a regular referral process to determine eligibility for Early Intervention services.

Age of Victims (%)²	2002	2003	2004	2005
Under 1	10.9	10.6	12.2	12.5
1-5 years	31.0	30.3	28.7	30.2
6-10 years	27.7	27.0	27.2	26.0
11-15 years	24.2	25.3	25.2	23.7
16+ years	5.9	6.7	6.6	7.2
Unknown	0.2	0.1	0.2	0.4
Total %	99.9	100	100.1	100
Number	3,247	3,290	3,068	3,366
Race/Ethnicity of Child Victims (%)	2002	2003	2004	2005
Alaska Native/Amer. Indian	0.9	0.9	1.2	0.7
Asian/Pacific Islander	2.1	2.2	2.0	1.6
Black	14.6	12.0	12.2	11.6
Hispanic	17.7	20.3	22.1	21.6
White	60.0	58.8	55.4	55.9
Two or more races	2.5	3.3	3.2	3.7
Unknown	2.3	2.5	3.9	4.8
Total % ³	100.1	100	100	99.9
Number	3,247	3,290	3,068	3,366
Maltreatment Type of Child Victims (%)	2002	2003	2004	2005
Emotional Abuse	0.3	0.2	0.6	0.3
Medical Neglect	1.9	2.2	1.8	2.5
Neglect	76.3	78.5	77.0	82.9
Physical Abuse	19.8	17.9	19.4	14.2
Sexual Abuse	7.0	6.8	5.3	5.0
Other	1.7	2.3	2.8	2.4
Unknown	0	0	0	0
Total % ⁴	107	107.9	106.9	107.3
Number	3,247	3,290	3,068	3,366

The referral process to determine eligibility for Early Intervention services is required in the Child Abuse Prevention and Treatment Act (CAPTA). In this past year, DCYF promulgated a new policy regarding Early Intervention referrals, and implemented a modification in the RICHIST system to begin tracking the EI referrals. Through this process, we've also added functionality for the Intake Unit to directly identify SENs in Child Protective Service investigations. The DCYF also anticipates that a closer working relationship with Early Intervention programs and other early child development service providers will assist in

² *Child Maltreatment 2005*, (Washington, DC: U.S. Government Printing Office, 2007) U.S. Department of Health & Human Services, Administration for Children and Families

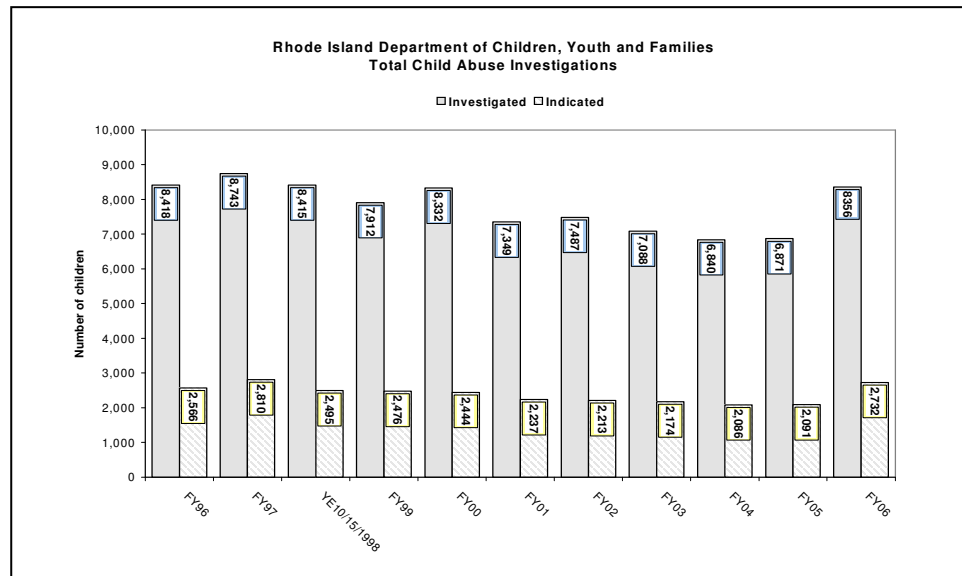
³ Percentages may total more than 100 percent because Hispanics may be counted both by Hispanic ethnicity and by race.

⁴ Percentages may total more than 100 percent because children could have been victims of more than one type of maltreatment.

providing quality assessments and support services for the infants and toddlers, and their families, who are involved with the Department.

Overall, this data may help identify larger systems concerns which may be reflective of conditions beyond DCYF. In this sense, it is helpful to look at the children in child welfare systems as part of the entire social structure and not isolated from other important, perhaps larger systems in the public sector.

In the past decade, the Department has conducted on average 78-hundred investigations annually, and on average 24-hundred cases or a little less than one-third (30.89%) have been indicated, as represented in this figure.



NATIONAL CHILD WELFARE OUTCOME MEASURES

The DCYF has one of the strongest child protection systems in the country with response times for investigations ranging from as immediate as 10 minutes to within 24 hours, but all of the investigations that are conducted are initiated within 24 hours. DCYF has established the Rhode Island Data Analytic Center (DAC) through a contract with Yale University's Consultation Center in New Haven, Connecticut. The DAC provides a strong foundation for DCYF's capability to conduct data analysis, and has assisted the Department in monitoring its performance on the National Child Welfare Outcomes. While the PIP is focused primarily on the national standards, emphasis on continuous quality improvement for all of the national measures is represented in this Child and Family Service Program Improvement Plan through 2009. Data for 2004 were used as the baseline for the PIP. For national measures where there is no standard, the Department expects incremental improvement over the next two years as outlined in the following table.

National Outcome Data Comparisons

Measure	National Standard	Rhode Island 2001	Rhode Island 2002	Rhode Island 2003	Rhode Island 2004 Baseline	Rhode Island 2005	DRAFT Rhode Island 2006 ⁵	PIP Projected Improvements In 2008
1.1 Recurrence of maltreatment within 6 months	6.10%	11.00%	10.20%	11.10%	7.80%	8.9% ⁶	12.7%	6.90%
2.1 Maltreatment in foster care	0.57%	1.60%	1.10%	1.58%	1.09%	1.33% ⁶	1.17%	.95%
3.1 Exits from foster care to a permanent home (adoption, guardianship, reunification)	No National Standard ⁷ Median - 86.3%	85.50%	86%	83.1%	83.2% ⁸	83.7% ⁸	87.2%	87.9+
3.2 Exits of disabled children from foster to a permanent home	No National Standard ⁷ Median - 79.5%	80.20%	77%	77.3%	77.7% ⁸	75.5% ⁸	78.9%	79.9+
3.3 Exits of children age 12 or older at time of entry to a permanent home	No National Standard ⁷ Median - 72.2%	74.00%	75.00%	70.1%	71.3% ⁸	72.8% ⁸	78%	Met PIP goal of 76.6%+
3.4 Exits to emancipation for children under age 12 at time of entry into foster care	No National Standard ⁷ Median - 29.6%	18.00%	17.70%	20%	35.4% ⁸	25.2% ⁸	24%	22.2%
4.1 Exits to reunification that occurred within 12 months from time of entry	76.20%	68.80%	66.10%	65.30%	71%	73.7% ⁹	75.9%	Met PIP Goal of 73.42%
4.2 Children re-entering foster care within 12 months of a previous placement	8.60%	20.90%	19.20%	20.90%	21.30%	16.9% ⁹	14.1%	Surpassed PIP Goal of 19.95%
5.1 Exits to adoption that occurred within 24 months from removal	32.00%	43.80%	45%	50.70%	49.80%	49.3% ⁹	48.8%	Exceeds Nat'l Standard
6.1 Children in foster care for less than 12 months who experienced two or fewer placements	86.70%	78.80%	82.20%	77.70%	84.80%	86.1% ⁹	85.6%	86.70%
7.1 Children age 12 or younger placed in a group home or institution	No National Standard ⁷ Median – 8.3%	19.4%	19.7%	19.4%	18.0% ⁸	17.1% ⁸	15.9%	12.7%

⁵ DRAFT 2006 RI Data provided by Data Analytic Center at Yale University, Annual File calculated using federal methodology

⁶ RI CFSR Data Profile: September 14, 2006 from Administration for Children and Families

⁷ Most recent median measures for 2003, as reported in the Child Welfare Outcomes 2003: Annual Report to Congress

⁸ DRAFT Child Welfare Outcomes FY 2004- FY 2005 Annual Report from ACF

⁹ RI CFSR Data Profile: February 21, 2006 from ACF

The Department's performance relating to safety measures, particularly recurrence of maltreatment within a 6 month period, has prompted concern since this performance is trending in the opposite direction. All of the action steps and benchmarks associated with the safety outcomes in the PIP have been completed. An internal review of a randomly selected sample of CPS cases was conducted by the Assistant Director for Child Protection Services following the PIP's annual review in September, and the result of that sample study represented that in approximately one third of the cases the finding of repeat maltreatment was not appropriate. Subsequently, in collaboration with ACF, DCYF requested technical assistance from the National Resource Center on Child Protection to conduct a similar study with randomly selected cases. The report from the NRC is expected in mid-August, at which time DCYF will be better positioned to determine necessary actions to address performance issues. Some preliminary discussion has included reclassifying CPS responses for circumstances that are currently identified as "other neglect". Looking at the maltreatment type in the child welfare data reports, DCYF averages close to 79% in findings for neglect compared to close to 18% in findings for physical abuse. A substantial proportion of the investigations relating to neglect result in dispositions of "other neglect." The Department is looking at ways of better addressing these situations rather than initiate a new investigation.

The Department has now established a Quality Assurance function which is focusing its efforts on implementing CFSR-like case reviews within the regions. The first round of regional reviews was held during the first year of the PIP, and the second series of regional reviews is being scheduled between September 2007 and April 2008. This second round of case reviews will provide the necessary qualitative data using the CFSR onsite review instrument to complete the PIP's data requirements for assessing projected improvements.

The QA function has also begun a process among the Family Service Unit supervisory staff using a modified onsite review instrument to assess in-home cases. In this process, MIS sends a monthly report of randomly selected in-home and out-of-home cases for the supervisors to select and assess according to the case review instrument. The completed cases are sent to the Office of Data and Evaluation for review and are then given to DCYF's utilization review agency, Placement Solutions, to produce a report which ultimately will be used to assist DCYF in monitoring practice improvements. This process is still very much in its infancy. High caseloads and staff vacancies have made it particularly challenging for supervisors to be able to conduct these QA reviews on a monthly basis. This process is expected to evolve over time. Through our contract with Yale University for the Data Analytic Center, DCYF has been able to bring on an additional Quality Assurance Specialist who will be working part-time to assist with the coordination and oversight of this new monthly case review process, as well as assisting with the implementation of the Regional onsite case reviews.

LARGER SYSTEM ENHANCEMENTS –

With the beginning of the new state fiscal year on July 1, the Department, as well as other child and family serving agencies, will be undergoing significant changes as a result of the new state budget. As reported in last year's APSR, the 2006 legislature formerly established the Executive Office of Health and Human Services (EOHHS) as the umbrella

agency overseeing the five human service departments comprised of: Children, Youth and Families; Health; Human Services; Mental Health, Retardation and Hospitals; and Elderly Affairs. In the 2007 session, the general assembly enacted legislation further clarifying the role and responsibilities of the EOHHS for coordinating and streamlining services among the five agencies to promote more effective service delivery and efficiencies within the budget process and operations across the Departments. This office has responsibility for coordinating administration and financing of Medicaid benefits across the five departments. One of the most significant changes in the Appropriations Act of 2008 is the transition of DCYF's Medicaid portion of its residential programs to the Department of Human Services, the State Medicaid Authority. The dual responsibilities for these contracts as it relates to Medicaid reimbursable services and child welfare service requirements is a matter that is currently being addressed between DHS and DCYF and service providers. This activity dovetails with and supports the work began a couple of years ago through another legislative mandate requiring the two agencies to work together toward development of a continuum of children's behavioral health programs.

Through this restructuring under EOHHS, the Departments are now jointly developing the Children's Behavioral Health Care Initiative which will create a comprehensive, integrated system of care for all foster care children and children with special health care needs.

PIP PERFORMANCE – OVERVIEW

As referenced earlier, the Department and ACF conducted its annual re-evaluation of the Program Improvement Plan in September 2006. As a result of that process, DCYF and ACF's Regional Office continued negotiations on revisions to the PIP which carried forward through the 4th to the 7th PIP Quarters. Throughout the process, substantial progress continued to be made in all areas.

For this APSR, DCYF is now completing its final PIP quarter and is preparing for activities over the non-overlapping year ending in August 2008. Data generated during this period will determine how well the Department has performed overall. The updates provided in each of the strategies throughout the PIP represent the accomplishments that have been made in this past year.

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STRATEGY – AGENCY PARTNERSHIP WITH COMMUNITY

Goal #1 - *Create a Community-Based, Family-Centered Service System*

➤ Systemic Factor IX – Agency responsiveness to the Community.	
<u>Item 38:</u> Engages in on-going consultation with critical stakeholders in developing the CFSP.	<u>Action Step 38a1</u> – Increase inclusion of community in planning, developing, and implementing Department goals through Regionally-based community groups, and other regularly scheduled public forums. <u>Action Step 38b.1</u> – Enhance communication and problem solving initiatives between the Family Court and DCYF.

In the PIP's second year, the Department reported the following accomplishments:

- Public engagement through multiple forums in the planning process for development of an administrative service organization to streamline service delivery for prevention and intensive family preservation services as a means of effectively averting families from DCYF involvement. Critical aspects of the shared responsibility involve safeguards to ensure that referrals to community services are appropriate, where assessments for risk and protective capacities can ensure child safety. This process has been quite lengthy with extensive community participation and feedback, resulting in several revisions to a concept paper was published on the Department's website. The resulting Request for Proposals (RFP) for the Family Care Community Partnerships has now been issued through the State Division of Purchasing.
- Regular quarterly meetings of the Quality Assurance Advisory Committee comprised of internal and external stakeholders to provide continuous community engagement in monitoring the Quarterly Progress for the PIP and planning activities relating to continuous quality improvement. The meeting scheduled for May was combined with a larger community stakeholder meeting to present the results of a comparison study conducted by Providence College on CPS cases in 2004 and 2005. The findings were that collaboration with community provider agencies assisted in linking families with needed services more quickly and there was a marked reduction in recidivism for families involved with these services.
- DCYF's Regional Directors regularly receive updated service availability information from provider agencies through email transmissions. Additionally, the RDs have established linkages with their community partners including planning groups with social service agencies and providers, and including staff from juvenile probation.
- DCYF's Region IV has evolved a collaborative relationship with a consortium of service providers now known as the United Family Support Initiative. This

collaboration now has three case conferencing teams that meet bi-weekly at the Regional Office to participate with DCYF staff in case conferencing, planning and identifying resources to ensure that community services are accessed. The teams focus on families and resource needs in specific geographic areas within the Region. Now a little more than 2 years in operation, this collaborative initiative is highly regarded by the DCYF staff who have participated.

- The DCYF Director and Family Court Chief Judge continue to hold regular monthly meetings, as well as open dialogues between court clerks and DCYF social workers focusing on ways to improve workflow and communications. These efforts are gradually changing the interaction between the two systems, and are assisting in promoting better preparation for appearances before the court.
- DCYF leadership participates in the Family Court's Court Improvement Program (CIP) Task Force. DCYF professional staff also participates in two subcommittees on training and data collection and evaluation for the CIP grants. The Family Court and DCYF collaborated in the development of the first two CIP grants for training and data collection and evaluation; and DCYF was more integrally involved this year in the planning and development of the strategic plan for both Court Improvement Program grants relating to training and data collection and evaluation.
- The Department in collaboration with the Rhode Island College School of Social Work and the Foster Care and Adoption Task Force has successfully developed and implemented an Adoption Specialist Certification Program, offered as part of the continuing education program at RIC's School of Social Work. This effort represents a continuous, integrated public-private planning, service design, and implementation strategy producing a nine course certificate program with six core workshops and three electives. In the first workshop, held in June, there were 50 participants.

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STRATEGY – SYSTEM OF CARE AND ARRAY OF SERVICES

Goal #1 - *Create a Community-Based, Family-Centered Service System*

Goal #2 – *Establish a continuum of high quality, culturally relevant placement resources proximate to each child's home.*

<u>National Outcome</u>	<u>Nat'l Standard</u>	<u>Measurable Objective</u>
➤ Recurrence of maltreatment within 6 months	6.1%	7.8% to 6.9% or less
➤ Maltreatment in foster care	.57%	1.09% to .95% or less
➤ Children in foster care less than 12 months who experienced 2 or fewer placements	86.70%	84.8% to 86.7% or more

With the implementation of the Program Improvement Plan, the Department is focusing on:

1. Designing a service system that will strengthen resources at the front end of the child welfare system in order to avert families from becoming formally involved with DCYF; and
2. Providing effective care management for 2 – 5 percent of the youth in DCYF care who have the most complex and intensive behavioral health care needs.

Activities for implementing this strategy have been organized primarily under safety and well-being outcomes. However, the effects of these action steps will also impact the permanency outcomes and systemic factors relating to service array and quality assurance. In this annual progress report, accomplishments reflect work that has been reported in the 4th through the 7th quarterly PIP reports.

Objective	PIP Action Steps	Accomplishments/Changes
<p>Increase from 79% to 84% the number of cases for which services to prevent removal of children from their home were provided to families.</p> <p>IO: 81% Baseline: 2004 RI CFSR</p>	<p>3.2 – Create a service array that includes primary, secondary, and tertiary prevention services that are strength-based, culturally appropriate, family-centered and community-based.</p>	<ul style="list-style-type: none"> ▪ Much of the activity relating to this action step has been revised as a result of the PIP re-evaluation negotiation. In the revised PIP, action step 3.2 is cross-referenced to Safety action step 2b.1 relating to DCYF's implementation of a new comprehensive risk and protective capacity family assessment process; and, revised action steps under item 35 relating to the availability of an array of critical services. ▪ DCYF is continuing its efforts to establish a statewide comprehensive Family and Community System of Care. An RFP outlining the requirements for Family Care Community Partnerships (FCCPs) will be issued before the end of the PIP period.

Objective	PIP Action Steps	Accomplishments/Changes
	3.3 – Redesign procedures for DCYF procurement and management of services for families and children.	<ul style="list-style-type: none"> ■ This activity is also now cross-referenced under item 35. All efforts relating to the System of Care and Array of Services have been consolidated for efficiency. ■ With the enactment of legislation strengthening the role of EOHHS, efforts to establish a Care Management Entity (CME) to meet the intensive behavioral health needs of youth with the most complex service requirements are now being considered as part of activities designed to achieve a more comprehensive systems realignment - interdepartmentally.
Ensure support for adoptive families and children.	9.1 – Establish an Adoption Specialist Certification Program to increase level of adoption expertise among clinicians in the state.	<ul style="list-style-type: none"> ■ The collaborative efforts of DCYF, the Rhode Island College School of Social Work, and Adoption RI have resulted in establishing the Adoption and Foster Care Certificate Program. The competency-based curriculum includes six core workshops and three elective workshops designed primarily for, but not limited to, clinicians. The workshops are offered through RIC's Continuing Education program beginning with the 2007 summer session. The first workshop held June 19 was <i>Core Clinical Issues in Adoption and Foster Care</i>.
<p>Increase from 61% to 66% the number of face-to-face visits between caseworkers and children.</p> <p>IO: 63% Baseline: 2004 RI CFSR</p>	19.5– Determine if youth and families who are currently open to the Department with no legal status can be more effectively serviced by community programs.	<ul style="list-style-type: none"> ■ This action step was completed early in the PIP process, and all activities have now been consolidated in the development of the Family Care Coordination Program and Family and Community System of Care. Emphasis will be on being able to safely and effectively avert families from DCYF involvement with collaborative community-based partnerships to assess needs and link with appropriate services and support resources. <p>With a reduction in the number of cases being opened to the Department, the expectation is that social workers will be able to meet with the children and families who are on their caseloads face-to-face with greater frequency.</p>
<p>Increase from 61% to 66% the number of cases for which appropriate assessment of and provision of mental health needs are achieved.</p> <p>IO: 63% Baseline: 2004 RI CFSR</p>	23.3– Establish rules and regulations for Psychiatric Emergency Service System.	<ul style="list-style-type: none"> ■ DCYF completed certification requirements and implemented this new service in November 2006, first through the establishment of a 24 hour telephone response line known as Kids Link. Contracts were finalized in September 2006 for clinical treatment response teams to be coordinated through a lead agency, ensuring statewide coverage. Services are designed to avert psychiatric hospitalization where appropriate and assisting with identifying effective services to maintain youth in their home and community.

Objective	PIP Action Steps	Accomplishments/Changes
Ensure availability of array of critical services.	35.1 – Create a process for establishing an administrative services organization to provide a statewide comprehensive Family and Community System of Care.	<ul style="list-style-type: none"> ▪ The Department has engaged in multiple public forums with community partners to discuss and revise a working concept paper for establishing a Family and Community System of Care. The ASO concept has evolved into the Family Care Community Partnership (FCCP) program which will be developed through an RFP that was issued on August 14, 2007. The system of care will be implemented through phases, focusing initially on the prevention and intervention services to avert families from DCYF involvement. Changes in the way services are purchased and provided will promote economic efficiencies within the system to promote greater capacity to meet family needs. The next phase will ensure that family preservation and support service capacity is available through the FCCPs for children and families with child welfare status, either remaining intact or being reunified.
	35.3– Continue to work with the Executive Branch to optimize funding strategies to improve service coordination.	<ul style="list-style-type: none"> ▪ These activities were initially focused on identifying transition needs of youth aging out of the DCYF system, and have continued with more targeted deliberation in consideration of the FY 2008 enacted budget. Departments now organized under the EOHHS are working jointly to improve communication, service coordination and efficient funding strategies.
Ensure accessibility of services across all DCYF jurisdictions.	36.2– Strengthen the ability of Regional Directors and their staff to manage resources within the region needed to support the children and families within their regions.	<ul style="list-style-type: none"> ▪ This action step has been completed. Much work has been done within the Regions to identify resource needs. Currently, each Regional Director is receiving an updated listing of service availability within their geographic region and these lists are distributed to FSU and Juvenile Probation staff. ▪ As the Family Care Community Partnerships (FCCPs) are established, service availability and accessibility will be more flexible across the DCYF jurisdictions, but not constrained within the Regional boundaries.
Ensure ability to individualize services to meet unique needs.	35.1– Create a process for establishing an administrative service organization to provide a statewide comprehensive Family and Community System of Care.	<ul style="list-style-type: none"> ▪ In this process, the Department has identified service needs to address primary, secondary and tertiary prevention concerns. Both home-based and residential treatment service needs must be addressed by providers' selected to function as the lead agency for FCCPs. Providers will be expected to ensure family-centered, multi-lingual, culturally competent services are provided by trained and qualified staff. ▪ Through its contracting mechanism, the Department establishes staffing requirements for its providers to ensure multi-lingual capacity within its services to assure that the populations they serve are able to have their needs identified and addressed in a culturally competent manner.

The primary focus of the Department's overarching Goal #2 is to ensure a continuum of quality placements that are proximate to a child's home. For the past five years, as demonstrated in Table 4, DCYF has continued significant progress in capacity development for therapeutic foster homes which are the least restrictive setting for youth needing specialized care.

Table 4

Placement Type	Apr-03	Apr-04	Apr-05	Apr-06	Apr-07	% Change from '06
Treatment Foster Care	72	118	113	155	173	11.6%
In-State Residential	130	145	141	147	160	8.8%
Nearby Residential	73	69	75	92	122	32.6%
Out-of-State Residential	27	33	26	19	45	136.8%
Total	302	365	355	413	500	21%

This past year also shows marked increases in in-state placements, nearby residential placements, and distant out-of-state placements. While the number of Purchase of Service (POS) placements has increased 21% overall, the largest increases have been felt in out-of-state residential placements, both nearby and distant. This continued and increased need for specialized placements outside of Rhode Island reflects the lack of capacity inside the state for specialized treatment settings. Decisions made by the Care Management Team to place a child out-of-state are always guided by efforts to ensure that the treatment setting is as close to the child's home as possible, and many of the placements will be in nearby Massachusetts.

The Care Management Team function in the Department was established about five years ago to assist DCYF in moving its locus of decision-making for services beyond contracted placements into its Regional communities where parents, other important people in a child's community and providers could all be included in the discussions. This quasi-family team meeting concept has gained acceptance and continues to improve. In FY 2006, the Care Management Teams scheduled 330 meetings across DCYF's four regions, based on Placement Solutions CMT Reports:

Region I	53 cases	16%
Region II	59 cases	18%
Region III	99 cases	30%
Region IV	119 cases	36%

Of these 330 meetings, there were 281 CMT plans developed. As referenced, the value and importance of the Care Management Team meetings is the emphasis on parent and youth involvement. In the 281 plans, parents were in attendance in 190 or 68% of the cases. Youth participated in 118 or 42% of the cases. Additionally, 78 cases (28%) that were reviewed by the CMT for appropriate treatment plans were ordered by the Family Court.

Recommendations from the CMT represent a range from the youth remaining home with community services to various residential settings including specialized foster care; group home; supervised apartments; staff secure setting; acute residential treatment; residential counseling centers; in-state and out-of-state residential treatment programs; as well as independent living settings. In the 2006 report, Placement Solutions reported that in 73% of the cases, the CMT plan matched the overall outcome of the case. Nine percent (9%) of the cases had outcomes that were more restrictive than planned for at the CMT meeting.

Establishing an Array of Services

The Department's goal, ultimately, is to create a service array that includes primary, secondary and tertiary prevention services that are strength-based, culturally appropriate, family-centered and community-based.

The Department is also actively engaged with community providers in addressing its concern about the number of families that become opened to its Family Service Units with no legal status. These families remain intact, but they need additional support. Based on findings previously from a longitudinal study comparing families with legal status and non-legal status, it is now expected that many of the youth and families opened to DCYF on non-legal status could be more effectively serviced by community-based support programs, if these programs could be strengthened to provide necessary wrap-around services for substance abuse treatment and parental mental health issues.

Largely based on the results of this study conducted by DCYF's Data Analytic Center at Yale University, the Department is pursuing development of an Integrated Family and Community System of Care (IFCSC). This IFCSC will be comprised of Family Care Community Partnership (FCCP) programs which will manage the responsibilities for case management functions that will be equipped to address the multiple needs of families who would otherwise likely be opened to child protective and child welfare services. A request for proposals for the FCCPs will be issued within the PIP period.

The Department is also continuing its work to establish a care management entity (CME) which would be designed to manage the care of the most intensive level of need child/youth and provide support for their families. It has been estimated that 2-5% of DCYF's population in psychiatric hospital or residential treatment settings would need this intensified level of care management. The development of the CME function is being carried out in collaboration with the Department of Human Services and through EOHHS as part of the larger systems restructuring. A request for information (RFI) has been published by the Division of Purchasing to solicit information from interested vendors in preparation for developing a comprehensive request for proposals (RFP) that will establish an integrated system of care for all children with special health care needs.

The following table references programs funded by Title IV-B and the Child Abuse Prevention and Treatment Act (CAPTA), that support achieving the Department's system of care and service array strategies; larger goals and Program Improvement Plan outcomes.

System of Care and Service Array - State Plan Contributing Programs

ACF Grant Funded Program	Funding Source	Amount	Purpose	Targeted Service Population	Link to Child Welfare Outcomes – PIP/State Plan
CPS-Early Intervention Referral Process	CAPTA ¹⁰	\$70,125	<i>Family Preservation and Support</i> – To provide an effective and efficient referral process for children under the age of 3 to an Early Intervention (EI) or other child development program, as appropriate.	<ul style="list-style-type: none"> Statewide Families with children under 3 who are victims of indicated investigations of abuse/neglect In-home/OOH¹¹ 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Safety Outcome #2 – Children are safely maintained in their homes when possible and appropriate PIP Well-Being Outcome #1 – Families have enhanced capacity to provide for their children’s needs PIP Well-Being Outcome #3 – Children receive services to meet their physical and mental health needs
CES Expansion Programs	IV-B, Part 1 ¹²	\$264,300	<i>Family Preservation</i> – Expands CES from 60 days to 120 days in four programs in an attempt to provide additional support to avert DCYF involvement.	<ul style="list-style-type: none"> Approx. 300 families annually in Regions I, III, IV Families investigated by CPS and referred for services to prevent removal 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Safety Outcome #2 – Children are safely maintained in their homes when possible and appropriate PIP Well-Being Outcome #1 – Families have enhanced capacity to provide for their children’s needs
Outreach & Tracking - KEY	IV-B, Part 1	\$170,677	<i>Family Preservation and Support</i> – Services offered to families to prevent removal	<ul style="list-style-type: none"> Statewide Serves approx.40 youth annually as a diversion out of Family 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Safety Outcome #2 – Children are safely maintained in their homes when possible and appropriate

¹⁰ Child Abuse Prevention and Treatment Act (CAPTA)

¹¹ OOH – Out of Home

¹² IV-B, Parts 1 and 2 – Title IV-B of the Social Security Act, supports mandates of the Adoption and Safe Families Act (ASFA)

ACF Grant Funded Program	Funding Source	Amount	Purpose	Targeted Service Population	Link to Child Welfare Outcomes – PIP/State Plan
Juvenile Justice Project - SSMHC	IV-B, Part 2	\$99,182	<i>Family Preservation and Support</i> – Diverts DCYF or JJ involvement with a community focused approach to support families/youth.	<ul style="list-style-type: none"> Region III Provides services to approx. 35 families annually 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Safety Outcome #2 – Children are safely maintained in their homes when possible and appropriate PIP Well-Being Outcome #1 – Families have enhanced capacity to provide for their children’s needs
Project Family – CF&S	IV-B, Part 2	\$300,000	<i>Family preservation</i> program provides intensive support, parent skill development and resource awareness. <ul style="list-style-type: none"> Services to families to prevent removal Enhance families’ capacity to meet child’s needs 	<ul style="list-style-type: none"> Regions I, II, III, IV – limited basis 20 slots CPS Intake refers families and monitors progress 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Safety Outcome #2 – Children are safely maintained in their homes when possible and appropriate PIP Well-Being Outcome #1 – Families have enhanced capacity to provide for their children’s needs
Parent Support Network of RI	IV-B, Part 2	\$44,250	<i>Family Support</i> – Works with CMT to assist/support parents to be involved and to better understand service planning and tx needs for their children.	<ul style="list-style-type: none"> Statewide – Youth Transitioning to: <ul style="list-style-type: none"> More intensive levels of care. Less intensive levels of care. 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system Dept. Goal #2 – Establish a continuum of high quality, culturally relevant placement resources in proximity to each child’s home PIP Permanency Outcome #2 – The continuity of family relationships and connections is preserved PIP Well-Being Outcome #1 – Families have enhanced capacity to provide for their children’s needs
Adoption Prep & Support – CF&S	IV-B, Part 1	\$165,000	<i>Adoption Promotion and Support</i> – Works with FSU to prepare families for adoption and support the families/youth through post adoption services.	<ul style="list-style-type: none"> Statewide Approx. 50 families annually 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Permanency Outcome #1 – Children have permanency and stability in their living situations

ACF Grant Funded Program	Funding Source	Amount	Purpose	Targeted Service Population	Link to Child Welfare Outcomes – PIP/State Plan
Partners in Permanency	IV-B, Part 2	\$260,000	<i>Family Support and Adoption Promotion and Support</i> – Concurrent planning program supporting reunification efforts of biological families while preparing foster homes for adoption, if necessary.	<ul style="list-style-type: none"> Statewide with emphasis on Regions I, III and IV Provides services to approx. 30 children annually 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Permanency Outcome #1 – Children have permanency and stability in their living situations PIP Permanency Outcome #2 – The continuity of family relationships and connections is preserved
Adoption and Foster Care Services – Urban League	IV-B, Part 2	\$149,500	<i>Adoption Promotion and Support</i> – Recruits and trains foster and adoptive families.	<ul style="list-style-type: none"> Statewide Recruitment assistance, training and homestudies for foster/adoptive families 4 English and 1 Spanish training classes annually 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Permanency Outcome #1 – Children have permanency and stability in their living situations PIP Permanency Outcome #2 – The continuity of family relationships and connections is preserved

STRATEGY – FAMILY CENTERED PRACTICE

Goal #1 – *Create a Community-Based, Family-Centered Service System*

Goal #3 – *Promote Adoption or Other Planned Permanent Living Arrangement When Reunification is Not Achievable*

Goal #4 – *Transition all Children and Youth from Public Supported Care with the Supports, Skills and Competencies in place to Ensure Stability and Permanency*

<u>National Outcomes</u>	<u>Nat'l Standard</u>	<u>Measurable Objective</u>
➤ Recurrence of maltreatment within 6 months	6.1%	7.8% to 6.9% or less
➤ Exits to adoption that occurred within 24 months from removal	32.0%	49.8% or more
➤ Exits to reunification that occurred within 12 months from time of entry	76.2%	71% to 73.42% or more
➤ Children re-entering foster care within 12 months of a previous placement	8.6%	21.30% to 19.95% or less

The Department defines “Family Engagement” as follows:

Family engagement in the development of the comprehensive family assessment and the service plan is defined as a partnership between the family and youth (where appropriate) and Department staff whereby face-to-face communication forms the basis from which is developed a strength-based comprehensive family assessment leading to the service plan. The plan (and discussions prior to and following the development of the plan) will focus on how the family (youth) got to this point, what has to change, what services are needed, the expectations for who will do what and when, the time-frames, and what alternative resources might exist within the extended family to help address the safety, permanence, and well-being of the child or youth.

In this second year of the PIP, the Department has completed revisions to its comprehensive family assessment tool with assistance from the National Resource Center on Family Centered Practice and Permanency Planning through ACF. This new tool, Risk and Protective Capacity Family Assessment (RPCFA), has been validated in its use in several other states, ensuring a more streamlined and efficient application. Staffs throughout the Department have been trained in a series of mandatory training sessions, and the new approach to family assessment, was formally implemented in late April 2007. The automated design for the RPCFA is still in development and is expected to be incorporated into the RICHIST data system by the end of the year.

Progress has been made, overall, toward achievement of this strategy – Family Centered Practice. Subsequent to the PIP re-evaluation and revised plan, the table below details the accomplishments and changes relating this strategy.

Objective	PIP Action Steps	Accomplishments/Changes
Decrease the State's rate of maltreatment recurrence within 6 months from 7.8% to 6.9% or less. IO: 7.45%	2a.4 – Implementation of new "Information and Referral" process.	<ul style="list-style-type: none"> The Department has fully implemented a new Information and Referral process to more accurately capture the Department's responsiveness to allegations of abuse and/or neglect that do not rise to the level of a child protective services investigation calls which previously had been logged as "early warnings." The automated design module was put online in June 2006; all targeted staff were trained; and policy was promulgated in December 2006.
	2b.1 – Implement consolidated Risk and Protective Capacity Family Assessment and Service Plan in CPS Intake/Monitoring Unit, FSU and Juvenile Probation.	<ul style="list-style-type: none"> The new tool was fully implemented in April '07. The Department is continuing to receive TA from the NRCFCPPP and is transitioning responsibility for ongoing training to the Child Welfare Institute. In May, the NRCFCPPP conducted an onsite review of the implementation status, identifying areas for further clarification regarding the tool's application; particularly in relation to Court presentations. These areas will be considered in development of future training.
Increase from 79% to 84% the number of cases for which services to prevent removal of children from their home were provided to families. IO: 81% Baseline: 2004 RI CFSR	Cross-referenced to 2b.1	<ul style="list-style-type: none"> All activities focusing on services to prevent removal were realigned under the safety and service array sections as part of the PIP renegotiation. This is in keeping with the Department's system redesign that is concentrating on strengthening the front-end service delivery infrastructure and coordination of services.
Increase from 73% to 78% the number of foster care cases for which an appropriate permanency goal is established in a timely manner. IO: 75% Baseline: 2004 RI CFSR	7.1 – Educate DCYF staff, including legal staff, as to the impact of Family Centered Practice as it pertains to fathers and paternal relatives as resources for permanency and well-being of children.	<ul style="list-style-type: none"> Action step 7.1 was completed in the PIP's 6th quarter with more than 50% of the targeted 244 appropriate staff being trained on the <i>Where's Daddy</i> curriculum. The training for <i>Where's Daddy</i> is scheduled three times annually by CWI.
	7.3 – Increase engagement of fathers and paternal relatives in meeting permanency	<ul style="list-style-type: none"> Action step 7.3 was achieved in the PIP's 7th quarter. The Department has two primary methods of attempting to locate absent fathers and paternal relatives:

Objective	PIP Action Steps	Accomplishments/Changes
	needs of children and youth.	<ul style="list-style-type: none"> ○ An onsite sheriff works with DCYF staff to locate parents through use of multiple databases, including the Department of Motor Vehicles, State Court system, Department of Corrections, Department of Human Services and the United States Marshall's Service. DCYF also has access to the database of Nexus-Lexus Investigative Services. Social work staff continue to outreach to the sheriff for assistance. ○ DCYF has also implemented an automated interface with DHS, Office of Child Support Services to link with the Federal Parent Locator Service database. <ul style="list-style-type: none"> ▪ Policy and procedures for the parent locator service have now also been implemented.
<p>Increase from 71.0% to 73.42% the number of foster care cases for which a reunification goal is achieved in a timely manner.</p> <p>IO: 72.2%</p>	8.1 – Promote appropriate use of guardianship as a permanency option for youth.	<ul style="list-style-type: none"> ▪ The Department has implemented policy and trained staff throughout the DCYF regions regarding the use of guardianship. This action step was completed in the PIP's 5th quarter.
<p>Increase from 39% to 44% the number of case plans appropriately developed with parent and child involvement.</p> <p>IO: 41% Baseline: 2004 RI CFSR</p>	18.1 – Implementation of a culturally competent FCP service plan across DCYF divisions building on family strengths to address needs, inviting and allowing family participation.	<ul style="list-style-type: none"> ▪ This action step was cross-referenced to 2b.1 in the PIP renegotiation and is being addressed in the implementation of the Risk and Protective Capacity Family Assessment and Service Plan.
	18.2 – Ensure that Purchase of Service/contracted group care facilities incorporate family-centered practice and fully involve parent(s)/family in the treatment of children in placement.	<ul style="list-style-type: none"> ▪ Action step 18.2 was completed in the PIP's 7th quarter. All of the Department's master agreements contain language with providers to ensure that family-centered practice principles are incorporated into the providers' practice to involve parent(s)/family in the treatment of children in placement. This requirement is also included in the performance measures that providers must submit to the Department's Data Analytic Center at Yale University. ▪ The RI Consortium of Resource Providers (RICORP) has also adopted the FCP training curriculum as part of its training program.

Objective	PIP Action Steps	Accomplishments/Changes
<p>Increase from 77% to 82% the number of cases for which appropriate assessment of and provision of physical health needs are achieved.</p> <p>IO: 79%</p> <p>Baseline: 2004 RI CFSR</p>	<p>22.2 – Work with NHPRI, Early Intervention and other appropriate early child development/family support providers to ensure comprehensive family assessments and service coordination with FSU.</p>	<ul style="list-style-type: none"> Action step 22.2 was completed in the PIP's 4th quarter. The Department implemented a regularized referral process for children under the age of three who are victims of an indicated case of abuse and/or neglect to determine whether Early Intervention services are appropriate. This process involves a visiting nurse co-located at DCYF in the Child Protective Services Division, working directly with the CPS investigators and Intake staff. The nurse assists with ensuring that an appropriate screen is conducted to determine if a referral should be made to EI or to another community-based family support program. The program was begun officially in April 2006 and as of April 2007, there have been about 230 referrals from DCYF to Early Intervention programs, and another 102 referrals to other early childhood programs; e.g., Early Head Start; Early Start; Parents as Teachers, etc. Ensuring linkages with the appropriate programs assists in providing the necessary child and family assessments in order to complement the Department's assessment of needs and to coordinate services with FSU.
<p>Systemic Factor V – Case Review System:</p> <p>Process for developing a case plan and for joint case planning with parents.</p>	<p>25 – Cross-referenced to 2b.1</p>	<ul style="list-style-type: none"> In the PIP's renegotiation, all activities relating to development of the service plan and joint case planning with parents will be addressed through implementation of the Risk and Protective Capacity Family Assessment and Service Plan.
	<p>26.1 – Implement newly developed ARU service plan review form to collect data on safety, permanency and well-being items (review standards will be consistent with CFSR review).</p>	<ul style="list-style-type: none"> Action step 26.1 was completed in the PIP's 5th quarter. The new DCYF policy on Foster Care Review was promulgated on December 29, 2006. The ARU service plan review form is now streamlined to mirror the 23 items linked to the CFSR and is being piloted.

The programs that are funded by Title IV-B and the Child Abuse Prevention and Treatment Act (CAPTA), in support of achieving the Department's strategies for family centered practice;

larger goals and Program Improvement Plan outcomes are represented in the following table:

Family Centered Practice – State Plan Contributing Programs

ACF Grant Funded Program	Funding Source	Amount	Purpose	Targeted Service Population	Link to Child Welfare Outcomes – PIP State/Plan
Citizen Review Panel – Hasbro Child Safe Clinic	CAPTA ¹³	\$45,000	This group, coordinated by the Child Protection Program at RI/Hasbro Hospital, meets regularly and reviews CPS cases and Department policy/practices with recommendations for improvements.	<ul style="list-style-type: none"> Statewide Children/families who are involved in Child Protective Investigations 	<ul style="list-style-type: none"> PIP Safety Outcome #1 – Children are, first and foremost, protected from abuse and neglect. PIP Well-Being Outcome #3 – Children receive services to meet their physical and mental health needs.
CPS-Early Intervention Referral Process	CAPTA	\$70,125	To provide an effective and efficient referral process for children under the age of 3 to an Early Intervention (EI) or other child development program, as appropriate.	<ul style="list-style-type: none"> Statewide Families with children under 3 who are victims of indicated investigations of abuse/neglect In-home/OOH 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Safety Outcome #2 – Children are safely maintained in their homes when possible and appropriate PIP Well-Being Outcome #1 – Families have enhanced capacity to provide for their children's needs PIP Well-Being Outcome #3 – Children receive services to meet their physical and mental health needs
CES Expansion Programs	IV-B, Part 1 ¹⁴	\$264,300	<i>Family Preservation</i> – Expands CES from 60 days to 120 days in four programs in an attempt to provide additional support to avert DCYF involvement.	<ul style="list-style-type: none"> Regions I, III, IV Families investigated by CPS and referred for services to prevent removal 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Safety Outcome #2 – Children are safely maintained in their homes when possible and appropriate PIP Well-Being Outcome #1 – Families have enhanced capacity to provide for their children's needs

¹³ Child Abuse Prevention and Treatment Act (CAPTA)

¹⁴ IV-B, Parts 1 and 2 – Title IV-B of the Social Security Act, supports mandates of the Adoption and Safe Families Act (ASFA)

ACF Grant Funded Program	Funding Source	Amount	Purpose	Targeted Service Population	Link to Child Welfare Outcomes – PIP State/Plan
Tsetse Gallery	IV-B, Part 1	\$10,000	Provides art workshops for DCYF youth in specialized residential programming – to promote healthy relationships.	<ul style="list-style-type: none"> Region IV – two residential programs 48 youth annually between 7-14 yrs. 	<ul style="list-style-type: none"> Dept. Goal #4 – Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency PIP Well-Being Outcome #2 – Children receive services to meet their educational needs PIP Well-Being Outcome #3 – Children receive services to meet mental health needs
Providence Children’s Museum – Families Together	IV-B, Part 2	\$348,000	<i>Time-Limited Reunification</i> – Therapeutic Visitation program to assist families in working toward reunification goals and provides onsite consultation to social workers within the Regions.	<ul style="list-style-type: none"> Statewide Families with children 2-11 years old who are in foster care Program serves approx. 75 families annually 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system Dept. Goal #3 – Promote adoption or other planned permanent living arrangement when reunification is not achievable Dept. Goal #4 – Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency Dept. Goal 5 – Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families PIP Permanency Outcome #2 – Continuity of family relationships and connections is preserved PIP Well-Being Outcome #1 – Families have enhanced capacity to provide children’s needs

STRATEGY – FOSTER/ADOPTIVE PARENT (RECRUITMENT, TRAINING, AND SUPPORT)

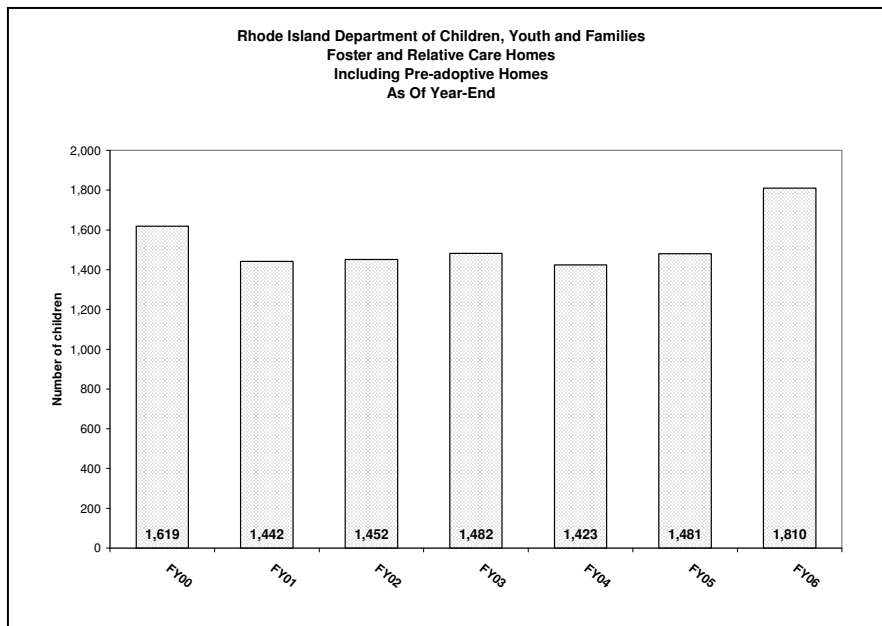
Goal #1 – *Create a Community-Based, Family-Centered Service System*

Goal #3 – *Promote Adoption or Other Planned Permanent Living Arrangement When Reunification is Not Achievable*

Goal #5 – *Enhance the Capacity of Employees, Foster Parents and Providers to Deliver High Quality Care to Children and Families*

<u>National Outcomes</u>	<u>Nat'l Standard</u>	<u>Measurable Objective</u>
➤ Recurrence of maltreatment within 6 months	6.1%	7.8% to 6.9% or less in 2 years
➤ Exits to adoption that occurred within 24 months from removal.	32.0%	49.8% or more in 2 years

The Department has identified several approaches to addressing the need for improving recruitment, training and support for foster and adoptive families. Recognizing that there are a little more than 18-hundred children in regular foster and relative foster care, and more than 26-hundred children in subsidized adoption, there is a need to ensure ongoing quality and support for children in care and for the families who are caring for them.

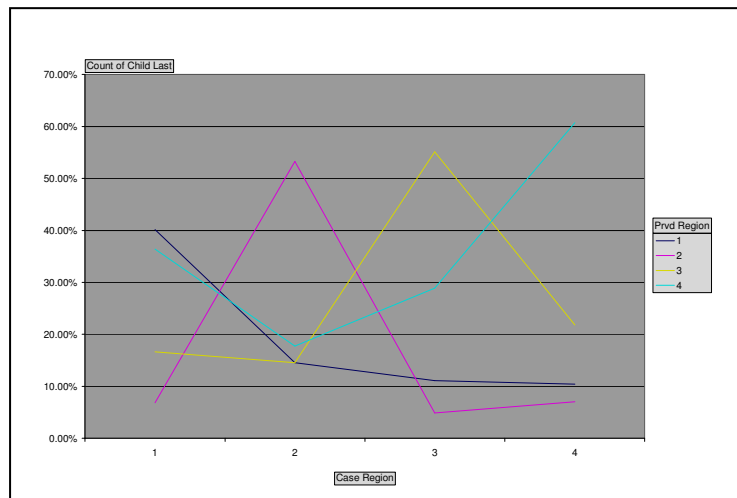


Improving the data availability for matching children's needs to appropriate caregivers is among the action steps incorporated in the Program Improvement Plan. The Department is working toward implementing a RICHIST enhancement designed to provide helpful data that will assist in matching children with families who are within the child's home region and are equipped to provide

the type of care and treatment where necessary for the child(ren) coming into care. The program designer is working with the Placement and Licensing Units to troubleshoot data cleanup and

corrections to ensure a continuous quality improvement in this functionality so that it will be more reliable for staff. The regions currently struggle with being able to have all of the children from their region placed in the care of foster homes located in their region. This is partially due to placements with relatives who do not live within the same region as the child's biological parents.

At the start of FY 08, foster care placements within regions represented that for three of the four DCYF regions, half of the children in foster care were placed within their home regions. In Region I which is comprised of the City of Providence, approximately 40% of the children in foster care were placed within their home region. This is a slight increase from last year where 39% of foster children in Region I were placed in their Region of origin. As this figure represents, the placement of children



across the regions creates a zigzag impression for staff who must determine the best schedules and opportunities to ensure that they are able to visit with the children and families on their caseloads, and to ensure the visitation of the parents with their children. In July 2007, the number of children in foster care was the highest in Region IV with 592 children, close to 42% of all children in foster care. Region II has the lowest number, 155 or about 11%. Region I has close to 22% of the children in foster care, and Region III has close to 25% of all children in foster care.

Through the PIP's implementation, the Department found that foster parent recruitment was not a problem. The Department is quite successful in its recruitment efforts in attracting interested families; however, the issue that emerged was that DCYF was not able to provide support for interested applicants through the sometimes lengthy process of becoming licensed. In the re-evaluation meeting last September, the Department and ACF discussed the steps that were being taken to streamline the licensing process – in effect reducing the amount of time it takes to become licensed from about 8 months to 4 months. It was agreed in the re-negotiation that the PIP would reflect the efforts that are more effectively tailored to address the identified need. Changes in the licensing process have included reducing the time it takes for criminal background checks by leasing a finger print scanning machine and having it available at the time of training for the applicants. Contracts have been modified with key providers to enhance capacity for having home studies completed in a timely manner.

These contracts have also included provisions for case management support for foster care applicants to ensure that the necessary documents are completed and returned to the Department with recommendations regarding licensing. Additionally, DCYF has requested and is receiving technical assistance through the National Resource Center on Family Centered Practice and Permanency Planning to improve licensing procedures for relative foster homes. Outreach to these homes is being facilitated with assistance from social service agencies across the state

experienced with child welfare populations and that have a continuum of support services within their own agencies.

Placement stability is a critical measure for the Department, and disruptions in foster homes may be attributed to youth who are experiencing serious emotional disorders (SED) and need a more intense, residential treatment setting. The Department's utilization review provider, Placement Solutions, assists regional directors in planning for the discharge of youth who have been in residential placement and are returning to their home community. This focused effort has also been instrumental in assisting DCYF to identify recruitment needs for therapeutic foster homes in targeted areas.

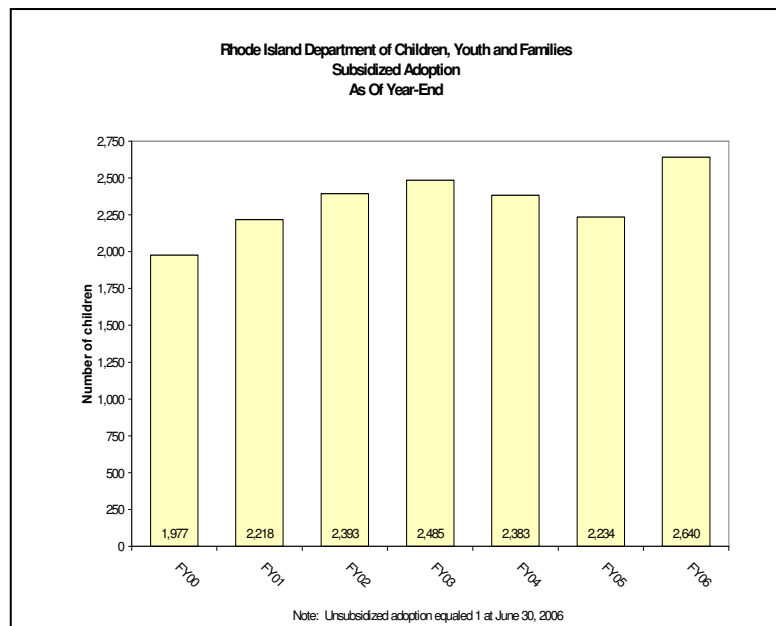
The table below outlines the Department's activities toward achieving its foster/adoptive parent recruitment, retention and support strategy.

Objective	PIP Action Step	Accomplishments/Changes
Increase stability of foster care placements from 84.8% to 86.7% of cases. IO: 85.75%	6.2 – Improve the process for completing licensing applications for foster and adoptive parents to promote sufficient capacity to meet the needs of children in the State for whom foster and adoptive homes are required.	<ul style="list-style-type: none"> This action step reflects the revision that was approved in the PIP's renegotiation. Most of the activities have been completed and the action step is on target for achievement in the 8th quarter. <p>Technical Assistance is being scheduled with staff through the NRC on Family Centered Practice and Permanency Planning to identify strategies for continued improvement.</p>
	6.3 – Develop and implement matching data to assist in foster care matching and placement.	<ul style="list-style-type: none"> Initial design changes to DCYF's RICHIST system have been completed and are currently being implemented with the licensing and placement units. Through this process, the users are identifying problem areas for continued improvement to the system before it can be truly reliable. This process is ongoing.
Increase from 31% to 36% the number of cases for which appropriate assessment of and provision of services needed are achieved. IO: 33% Baseline: 2004 RI CFSR	17.3 – Review, design and implement a comprehensive support system for foster parents.	<ul style="list-style-type: none"> This action step was achieved in the PIP's 5th quarter. Through contract revisions with targeted providers, the Department has implemented a foster parent support system to enhance coordination and communication, and ensure clinical support services are available to improve placement stability.
Systemic Factor VII – Training Provision of training for caregivers and adoptive parents that addresses the	34.2 – Research, design and implement a statewide in-service training program for kinship, foster and adoptive families.	<ul style="list-style-type: none"> Action step 34.2 was completed in the PIP's 7th quarter. The Department implemented an in-service foster parent support training program in January 2007, based on a survey of interested topics completed by foster parents. The topics of interest were ranked in the following order: <ul style="list-style-type: none"> Understanding DCYF and the Family Court (held January 2007)

Objective	PIP Action Step	Accomplishments/Changes
necessary skills and knowledge.		<ul style="list-style-type: none"> Understanding and Managing Children's Behaviors (held May 2007) De-Escalating children's Out-of-Control Behaviors Educational Issues for Foster Children Substance Use/Abuse (scheduled for July & August 2007) <ul style="list-style-type: none"> As of July 2007, 82 foster parents had been trained. The series is ongoing.
Systemic Factor X – Foster and Adoptive Parent Licensing, Recruitment and Retention Use cross-jurisdictional resources to find placements.	45.1 – Ensure use of cross-jurisdictional resources to find placements.	<ul style="list-style-type: none"> Action step 45.1 was completed in the PIP's 7th quarter. A method for measuring ICPC activity on a quarterly basis was established based on the number of foster care and adoption referrals made. The ICPC administrator conducted Department-wide trainings regarding the referral process. Based on a comparison of activity before training on ICPC to FSU staff and after the training, there was a 200% increase in referrals three months after the training. This increase has been sustained one year following the training.

The Department continues a strong showing on the national child welfare outcome standard for adoptions. The national standard rating is 32% and DCYF has consistently averaged better than 45% in this performance category which looks at exits to adoption that occurred within 24 months from the time a child was removed from home and placed in foster care. The relevance of this measure is that it represents the Department's commitment to ensuring permanency for children in foster care when reunification is not achievable.

As this figure shows, there was an 18% increase in the number of subsidized adoptions in FY 2006 compared to FY 2005. In the past seven years, the average number of adoption subsidies supported by DCYF annually has been approximately 23-hundred.



The programs that are funded by Title IV-B and the Child Abuse Prevention and Treatment Act (CAPTA), in support of achieving the Department's foster care and adoption system

strategies; larger goals and Program Improvement Plan outcomes are represented in the following table:

Foster/Adoptive Parent Recruitment, Training and Support – State Plan Contributing Programs

ACF Grant Funded Program	Funding Source	Amount	Purpose	Targeted Service Population	Link to Child Welfare Outcome – PIP State Plan
RI Foster Parents' Assn.	IV-B, Part 1	\$234,420	Association assists with recruitment of foster parents, promoting awareness and public education; providing oversight for Life Skills Program for adolescents in foster care; foster parent mentoring program; foster parent newsletter, holiday gift distribution, FC Town Meeting and RIFPA website.	<ul style="list-style-type: none"> Foster families statewide 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system Dept. Goal #3 – Promote adoption or other planned permanent living arrangement when reunification is not achievable Dept. Goal #5 – Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families PIP Safety Outcome #1 – Children are, first and foremost, protected from abuse and neglect PIP Permanency Outcome #1 – Children have permanency and stability in their living situations PIP Permanency Outcome #2 – The continuity of family relationships and connections is preserved PIP Well-Being Outcome #1 – Families have enhanced capacity to provide for their children's needs
Adoption Prep & Support – CF&S	IV-B, Part 1	\$165,000	Works with FSU to prepare families for adoption and support the families/youth through post adoption services.	<ul style="list-style-type: none"> Statewide Approx. 50 families annually 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system Dept. Goal #3 – Promote adoption or other planned permanent living arrangement when reunification is not achievable PIP Permanency Outcome #1 – Children have permanency and stability in their living situations
Partners in Permanency	IV-B, Part 2	\$260,000	<i>Family Support and Adoption Promotion and Support</i> —Concurrent planning program supporting reunification efforts of biological families while preparing foster homes for adoption, if necessary.	<ul style="list-style-type: none"> Statewide with emphasis on Regions I, III and IV Provides services to approx. 30 children annually 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system PIP Permanency Outcome #1 – Children have permanency and stability in their living situations PIP Permanency Outcome #2 – The continuity of family relationships and connections is preserved

ACF Grant Funded Program	Funding Source	Amount	Purpose	Targeted Service Population	Link to Child Welfare Outcome – PIP State Plan
Adoption Rhode Island	IV-B, Part 1	\$100,003	Program provides recruitment and support activities for children and adoptive parents; promoting matching services and advocacy. This program has also assisted DCYF in identifying adoptive homes for older youth in care.	<ul style="list-style-type: none"> Statewide 	<ul style="list-style-type: none"> Dept. Goal #3 – Promote adoption or other planned permanent living arrangement when reunification is not achievable PIP Permanency Outcome #1 – Children have permanency and stability in their living situations
Adoption/ Foster Care – Urban League	IV-B, Part 2	\$149,500	<i>Adoption Promotion and Support</i> – Recruits and trains foster and adoptive families.	<ul style="list-style-type: none"> Statewide Recruitment assistance, training and homestudies for foster and adoptive families 4 English and 1 Spanish training classes annually 	<ul style="list-style-type: none"> Dept. Goal #1 – Create a community-based, family-centered service system Dept. Goal #3 – Promote adoption or other planned permanent living arrangement when reunification is not achievable Dept. Goal # 5 – Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families PIP Permanency Outcome #1 – Children have permanency and stability in their living situations PIP Permanency Outcome #2 – The continuity of family relationships and connections is preserved

STRATEGY – ESTABLISH A QUALITY ASSURANCE *and* CONTINUOUS QUALITY IMPROVEMENT PROGRAM

- Goal #2 –** *Establish a Continuum of High Quality, Culturally Relevant Placement Resources Proximate to Each Child's Home*
- Goal #4 –** *Transition All Children and Youth from Public Supported Care with the Supports, Skills and Competencies in Place to Ensure Stability and Permanency*
- Goal #5 –** *Enhance the Capacity of Employees, Foster Parents and Providers to Deliver High Quality Care to Children and Families*

<u>National Outcomes</u>	<u>Nat'l Standard</u>	<u>Measurable Objective</u>
➤ Maltreatment in foster care	.57%	1.09% to .95% or less
➤ Children in foster care for less than 12 months who experienced 2 or fewer placements	86.70%	84.8% to 86.7% or more
➤ Exits to reunification that occurred within 12 months from time of entry.	76.2%	71% to 73.42% or more
➤ Children re-entering foster care within 12 months of a previous placement.	8.6%	21.3% to 19.5% or less

A quality assurance function has been established in the Director's Office. This operation has been specifically focused on implementing a case review process in the DCYF regions which substantially mirrors the Federal CFSR. It was reported in last year's APSR that case reviews were conducted in each of the Regions between February and June 2006. A total of forty two randomly selected cases were reviewed across the regions including 22 foster care cases and 20 in-home cases.

A second series of Regional reviews is now being planned to take place between October 2007 and May 2008. These case reviews will be handled in the same way they were in 2006, with community partners identified to assist DCYF staff in conducting the reviews. Community provider staff will be solicited with assistance from the Children's Policy Coalition, an advocacy organization representing about 45 agencies comprising a full array of community-based social service and mental health treatment services.

During this past year of the PIP's implementation, activities relating to the QA function are outlined in the following table.

Objective	PIP Action Step	Accomplishments/Changes
<p>Systemic Factor V – Case Review System</p> <p>Enhance process for 6 month case reviews to be consistent with safety, permanence, and well-being measures in the CFSR reviews.</p>	<p>26.1 – Implement newly developed ARU service plan review form to collect data on safety, permanence, and well-being items (review standards will be consistent with CFSR review.)</p>	<ul style="list-style-type: none"> ▪ Action step 26.1 was achieved in the PIP's 5th quarter. ▪ Efforts to fully streamline the ARU service plan review form to align with the CFSR areas relating to safety, permanency, and well-being have continued, however. The latest version of the form is designed to effectively capture the identified 23 CFSR items. This form is currently being piloted in ARU.
<p>Systemic Factor VI – Quality Assurance System</p> <p>Establish an identifiable QA system that evaluates the quality of services and improvements through a CFSR-like review process.</p>	<p>31.1 – Implement CFSR-like review process.</p>	<ul style="list-style-type: none"> ▪ Action step 31.1 was completed in the PIP's 5th quarter. The Department completed mini-CFSR case reviews in each of the four Regions over a four month period from March to June 2006. The regional reports provided important information on the 23 measures for safety, permanence, and well-being, as well as on the 6 national measures. ▪ In this process, as noted earlier, three of the 14 critical PIP items surpassed DCYF's 2 year PIP objective: <ul style="list-style-type: none"> ◦ Item 17: Needs/Services of Child, Parents, and Foster Parents ◦ Item 18: Child/Family Involvement in Case Planning ◦ Item 23: Mental Health of Child

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STRATEGY – IMPROVING FAMILY COURT RELATIONSHIPS/LEGAL ISSUES

Goal #4 – *Transition All Children and Youth from Public Supported Care with the Supports, Skills and Competencies in Place to Ensure Stability and Permanency*

<u>National Outcomes</u>	<u>Nat'l Standard</u>	<u>Measurable Objective</u>
➤ Exits to reunification that occurred within 12 months from time of entry.	76.2%	71% to 73.42% or more
➤ Children re-entering foster care within 12 months of a previous placement.	8.6%	21.3% to 19.95% or less

In the past two years, activities with the Family Court have tremendously improved. Beginning with implementation of the PIP, Director Patricia Martinez and Chief Judge Jeremiah of the Family Court have maintained a monthly meeting schedule which allows for ongoing, informal and formal communication among DCYF's executive staff and the Court's judges and administration officials. Periodic open dialogues are also held by the Court to invite Department social work staff, particularly new social workers, and Department administration to meet with Court clerks, magistrates, judges and administrators to discuss issues/concerns and troubleshoot ideas for improving coordination between the Court and DCYF. The Director and Chief Judge have also committed to hold semi-annual retreats. An inaugural full day conference took place on October 28, 2004 and there have been four half-day conferences held since. The next retreat is being planned for this Fall 2007.

Representatives from DCYF with the Family Court and the Supreme Court are actively involved in the development and implementation of strategies for two new grants for the Court Improvement Program (CIP): data collection and analysis and training. These efforts support more efficient interactions between the two systems.

Activities relating to the PIP strategy for improving our relationship with the Family Court are outlined in the following table.

Objectives	PIP Action Step	Accomplishments/Changes
Systemic Factor V – Case Review System: Process for seeking TPR in accordance with ASFA.	28.1 – DCYF to develop strategies to expedite the processing of TPR appeals.	<ul style="list-style-type: none"> ▪ Action step 28.1 was achieved in the PIP's 4th Quarter based on discussions at the annual re-negotiation meeting. ▪ The Department has been successful in significantly reducing the time for appeals to be completed. As reported in the PIP, the Legal Department dedicated an appellant attorney solely to manage the appeals

Objectives	PIP Action Step	Accomplishments/Changes
		<p>process beginning in January 2005.</p> <p>Prior to this process, the average length of time for completion of case filings was 30 months. With a dedicated attorney working on the appeals process, the average length of time to complete case filings has been reduced to 18 months.</p>
<p>Systemic Factor IX – Agency responsiveness to the community:</p> <p>Engages in on-going consultation with critical stakeholders in developing the CFSP.</p>	<p>38a1 – Increase inclusion of community in planning, developing, and implementing Department goals through Regionally-based community groups, and other regularly scheduled public forums.</p>	<ul style="list-style-type: none"> ▪ The Department established a Quality Assurance Advisory Committee at the beginning of the PIP period inclusive of a broad array of community stakeholders representing service providers, families, the Department's UR and Data Analytic providers, Family Court, EOHHS, and the Narragansett Tribe. ▪ This action step will be completed within the PIP period.
	<p>38b1 – Enhance communication and problem solving initiatives between the Family Court and DCYF.</p>	<ul style="list-style-type: none"> ▪ Action step 38b1 was achieved in the PIP's 4th Quarter. ▪ DCYF's Director and the Family Court Chief Judge have established a regular monthly meeting schedule to maintain open channels of communication. ▪ The Department and Family Court hold open forums periodically to allow DCYF staff, particularly new social workers, to meet with clerks, judges and magistrates to discuss work flow issues. These forums provide an open dialogue for line staff with court personnel to assist in identifying new approaches to enhance interactions between the two systems.
	<p>38b2 – DCYF will work with Family Court to improve system's level coordination and communication relating to inter-system functioning.</p>	<ul style="list-style-type: none"> ▪ Semi-annual retreats between DCYF and the Family Court have been held beginning October 2004. The next retreat is planned for the Fall 2007. These retreats focus on issues of mutual concern relating to improving safety, well-being, and permanency outcomes for children, youth and families. ▪ The DCYF and Family Court with representatives from the Supreme Court are working together in the development and implementation of strategies relating to two new CIP grants: data collection and analysis and training.

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STRATEGY – PROFESSIONAL DEVELOPMENT TRAINING

Goal #5 – Enhance the Capacity of Employees, Foster Parents and Providers to Deliver High Quality Care to Children and Families

The Department is committed to ensuring that supervisors in Family Service Units and Juvenile Probation staff will have the skills, knowledge, and experience to provide effective leadership to promote improvements in safety, permanence and well-being for children, youth and families. Further, DCYF is working to ensure a stronger support system for foster parents that will improve their skills, knowledge, and experience to ensure a safe and nurturing environment for children in their care. In this past year, with the revisions to the comprehensive family assessment instrument and process, the Department has refocused its efforts regarding the involvement of biological parents in their service plan development with department staff to provide for the best interests of the child(ren).

Activities toward achieving this strategy are outlined in the table below.

Objective	PIP Action Step	Accomplishments/Changes
Systemic Factor VII – Training Ensure the provision of initial and ongoing staff training that addresses the necessary skills and knowledge.	32.1 – Cross-referenced to 33.2. 33.2 – The Department will provide in-service training for juvenile probation staff that addresses the skills and knowledge necessary to carry out their duties with regard to other services provided.	<ul style="list-style-type: none"> ▪ Action step 33.2 was achieved in the PIP's 7th Quarter. In the re-negotiation process, action step 32.1 relating to initial training was cross-referenced to 33.2, and also achieved in the 7th Quarter. ▪ A core curriculum for juvenile probation staff was established with involvement of a work group comprised of juvenile probation supervisors and Child Welfare Institute staff. This curriculum has been implemented.
	33.1 – Development and implementation of an in-service training program for supervisors.	<ul style="list-style-type: none"> ▪ Action step 33.1 was achieved in the PIP's 6th Quarter. ▪ The in-service training began as a 60 hour, 10 week curriculum in March '06, but was later modified to 50 hours over 9 weeks based on evaluation results. The supervisor training is ongoing targeting staff from FSU, CPS, Management and Budget, RITS, juvenile probation and Children's Behavioral Health.
	34.2 – Research, design, and implement a statewide, in-service training program for kinship, foster and adoptive families.	<ul style="list-style-type: none"> ▪ Action step 34.2 was achieved in the PIP's 7th Quarter. ▪ In January 2007, the Department in partnership with the Foster Care and Adoption Task Force implemented a series of in-service training workshops for foster and adoptive parents based on their input regarding the issues they are most interested in and would attend; e.g.: <ul style="list-style-type: none"> ○ Understanding DCYF and Family Court ○ Understanding and managing children's behaviors ○ Education issues ▪ As of July, 82 foster parents have participated in workshops.

INDIAN CHILD WELFARE ACT

Strengthening the Indian Child Welfare Collaboration Team

- Systemic Factor IX – Agency Responsiveness to the Community.

During this past year, the Department worked with the Narragansett Tribe and ACF in revising its policy relating to the Indian Child Welfare Act. The revised policy more closely mirrors the federal provisions in ICWA. It was advertised for public comment in the Fall of 2006; a public hearing was held in November at which the representative of the Tribal Office for Children and the Department of Children, Youth and Families participated. The new policy was promulgated on December 29, 2006. A subsequent revision has been made for additional clarity to ensure Tribal preference is honored in the placement of Native American children.

In prior discussions with the Tribal representative, it was agreed that DCYF would use its policies relating to ICWA as a basis for a State-Tribe agreement. This policy addresses critical considerations relating to:

- Identification of Indian children;
- Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene;
- Special placement preferences for Indian children;
- Active efforts to prevent breakup of the Indian family; and
- Tribal right to intervene in State proceedings.

With these changes, the Policy Office has updated staff guidance on ICWA which is reflective of the changes regarding placement determinations; RICHIST enhancements regarding data collection; and guidance relating to Native American children involved with juvenile probation. The revised policy represents the understanding between the Department and the Tribe as it relates to the responsibility for providing protections for Tribal children who are in state custody, as referenced in Section 422(b). In follow up discussion with the Tribal representative for ICWA, there remain some questions about the Department's interpretation of ICWA and the consistency of understanding regarding the legal requirements. It is acknowledged that the Department has many new staff within in Family Service Units who may not be familiar with the requirements under ICWA. The Department will work with the Tribe's representative to troubleshoot these issues and develop a training component as part of the core training curriculum offered at the Child Welfare Institute.

The relationship between the Narragansett Tribe and DCYF is quite good, particularly with Child Protective Services. The Narragansett Tribal Office for Children and the Department of Children, Youth and Families agree to continue in their work toward development of a standardized process that will improve coordination and information exchange between the two systems to ensure actions are in the best interest of Tribal children in compliance with the Indian Child Welfare Act. A copy of the new revised ICWA policy is included in the appendix.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

Strengthening Child Protective Services

GOAL 1 – *Create a community-based, family-centered service system.*

<u>National Outcome</u>	<u>Nat'l Standard</u>	<u>Measurable Objective</u>
➤ Recurrence of maltreatment within 6 months	6.1%	7.8% to 6.9% or less in 2 years
➤ Maltreatment in foster care	.57%	1.09% to .95% or less in 2 years
➤ Systemic Factor IX : Agency Responsiveness to the Community		

Standardized tools and procedures to assess child safety are now practice in the Department's Child Protection Services Division. Throughout this past year, there has been continued emphasis on building community-based collaborations at the front end with the investigation and intake staff. A Case Monitoring Unit (CMU) was established to maintain children at home without seeking Family Court involvement or transferring cases to the Family Service Units. Approximately 400 cases monthly are held in CMU and Intake combined. DCYF provides oversight for differing levels of community-based prevention and family preservation services and duration before the cases are closed. Regular meetings are held with community provider agencies, particularly in DCYF's Region IV, where a collaborative network of providers known as the United Family Support Initiative has been developed with about 15 agencies working together with DCYF to identify "best matched" services for families – both with legal and non-legal status.

During this past year, there has not been any substantive change in State law that affects DCYF's eligibility for CAPTA funding. As reported previously in the Child and Family Service Plans, the Child Abuse Prevention and Treatment Act (CAPTA) requirements are aligned with the Department's efforts to strengthen its Child Protective Services Division. The PIP safety outcomes and indicators are integrated into the activities outlined in the CAPTA plan.

CAPTA Plan -

Unfortunately, in this past year, the Department's data profile reports represented that DCYF's performance relating to repeat maltreatment was trending in the opposite direction away from the PIP objective. The 2004 baseline was set at 7.8%. The Federal Data Profile for 2005 showed DCYF with an 8.9% performance rating. Quarterly data reports prepared by DCYF's Data Analytic Center at Yale University had also projected higher than expected performance ratings which caused the Department to conduct an analysis of the data and a review of a random selection of repeat maltreatment investigations.

The Department's internal review found that the majority of investigations involving repeat maltreatment were for matters relating to neglect. More specifically, these involved cases

of “other” neglect. The findings from the random sample study suggested that about 30% of these cases should not have been indicated as repeat maltreatment. Subsequently, in collaboration with ACF, DCYF requested technical assistance from the National Resource Center for Child Protective Services. An initial meeting was held on April 4 to discuss decision-making practice and issues relating to the category for “other” neglect. It was agreed that another review of case records would be conducted in May 2007. The purpose of the NRC’s assistance, and the case review particularly, as stated in their report was to examine DCYF’s practice and decision-making processes in investigations and in on-going casework to identify potential contributing factors to incidents of recurrent child maltreatment.

The NRC report from the case review conducted in May was consistent with the earlier internal study, that approximately 30% of the re-maltreatment cases should not have actually been identified as repeat maltreatment. The report also found that close to 60% of the repeat maltreatment reports occur within 1 to 2 months of the first report, and 80% occur within 4 months. Based on the findings of these two studies, the Department is now working on identifying strategies relating to investigation findings for matters involving neglect that do not rise to a level posing a threat to safety or risk of harm to the child(ren). Typically, CPS investigators have not had a viable alternative for characterizing cases that may represent risk, but do not rise to the level of maltreatment. Their only option has been to indicate a case as “other neglect” with the expectation that services can be put in place. DCYF seeks to create a solution that will allow child protective investigators the additional option of completing an investigation with a finding that the allegation is unfounded, but the family needs family support services.

Following the April discussion, the Department put in place an automated system to flag cases where re-maltreatment may be identified – both at the time of the report and at the time of indication. This system is still a new process; however, preliminary results seem to support the Department’s interest in finding a more appropriate response to matters involving neglect rather than creating a new child protective investigation. These alternatives could mean different approaches internally involving Family Service Unit staff, and further enhancing DCYF’s collaborative relationship with community providers to promote more effective interventions earlier for families through community-based networks. Current strategies relating to CAPTA and PIP safety outcomes are focusing on the Department’s establishment of FCCPs and the continuing integration of service planning and support for children and families with community-based providers.

A request for proposals has been issued to establish Family Care Community Partnership (FCCP) programs to cover four primary geographic regions in the state; addressing the need for an array of services to be available across DCYF’s regional jurisdictions. These front-end services will promote comprehensive wraparound support and case management for families in an effort to avert formal involvement with DCYF.

The report from the National Resource Center for Child Protective Services, however, did identify specific practice areas contributing to the Department’s performance overall in assessing safety, and in being able to effectively manage safety.

Importantly, the NRC report focused on a recommendation for DCYF to adopt information standards which would serve as a basis for what a child protective investigator must know about a family in order to have confidence in the decisions and conclusions about them. Such standards would also inform practice relating to safety management, particularly in the transfer of cases from CPS to DCYF's social work staff in the Family Service Units (FSU). The Department is looking to implement a formalized system for identifying risk versus safety, particularly subsequent to the investigation for cases that are open to FSU.

The NRC for Child Protective Services will provide assistance in the next year in developing training more focused on understanding differences between risk and safety for all child welfare staff. Additionally, with guidance from ACF, DCYF will link the ongoing assistance from the NRC on Family-Centered Practice and Permanency Planning with the NRC-CPS to help develop staff skills to ensure clear, documented safety plans based on investigations and to maintain the viability of safety plans on an ongoing basis. The Department will further explore the report's recommendations regarding information standards and continued safety management in determining the next steps relating to policy and practice.

CAPTA STRATEGIES

Safety Outcome 1 - <i>Children are, first and foremost, protected from abuse and neglect.</i>		
Indicator	Benchmarks	Status
Item 1: Timeliness of investigations of reports of child maltreatment.	<ul style="list-style-type: none"> Maintain quality control measures and time management for CPS supervisors to ensure timely responses to reports of maltreatment. 	In place and continuing.
Item 2: Recurrence of child maltreatment within 6 months of investigation.	<ul style="list-style-type: none"> Implement additional appropriate disposition option that allows for risk/need for services to be identified through the investigative process as an alternative to substantiation for "other neglect". 	In development. DCYF with TA from NRC on Child Protection and FCPPP.

Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.		
Indicator	Benchmarks	Status
Item 3: Services to family to protect children in home and prevent removal.	<ul style="list-style-type: none"> Implement safety assessment standards at every change of care for children in placement and at reunification. 	The Risk and Protective Capacity Family Assessment and Service Plan provides for ongoing safety assessments.
	<ul style="list-style-type: none"> Maintain co-location in CPS and Region IV Office with United Family Support Project staff to assist with case reviews focusing on community-based support and diversion from DCYF. 	In place - 2 staff from FRCA in Woonsocket assist CPS and FSU in reviewing cases twice a week.
	<ul style="list-style-type: none"> Implement and maintain Intake staff assessment process in lieu of investigation to determine service support needs for families. 	In place - Intake supervisors are increasing family contact in community settings.
Item 4: Risk of harm to child(ren).	<ul style="list-style-type: none"> Work with NRC – CPS/FCPPP to improve training modules for CPS staff on differences between safety and risk factors. 	NRC TA has been initiated
	<ul style="list-style-type: none"> Refer all children under the age of 3 who are victims of an indicated case of abuse and/or neglect for a developmental screen to determine eligibility for Early Intervention services. 	Completed first year and is Ongoing
	<ul style="list-style-type: none"> Training related to EI services and networks: <ul style="list-style-type: none"> CPS Intake and Investigator staff Family Service Unit supervisors EI providers on DCYF role and responsibilities 	Additional training needs will be identified and implemented beginning in FY 08

Earlier objectives of the CAPTA and PIP strategies have been achieved, including the establishment of an Information and Referral function in the RICHIST system to create a more effective screening out process for allegations received by the Child Protective Services hotline, and creating forensic training modules specifically for CPS investigators. This training was

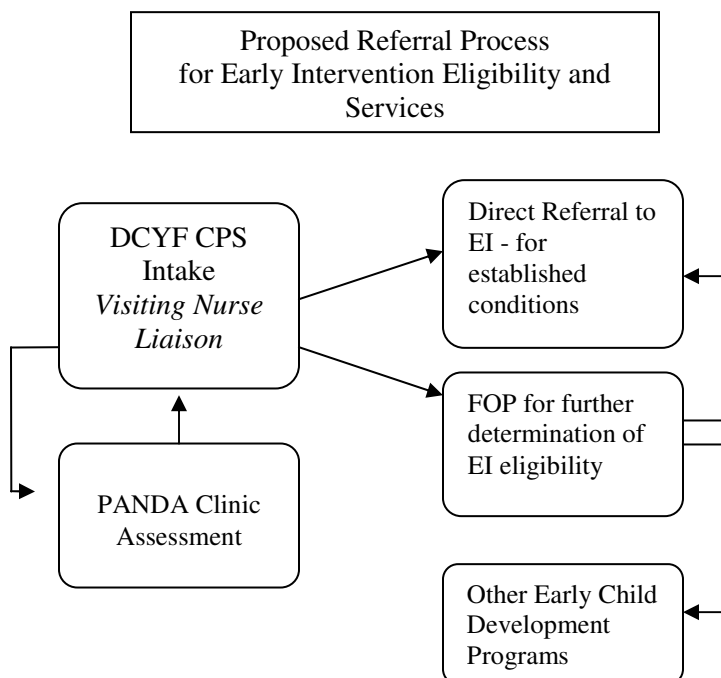
conducted over the past two years as an orientation for new CPS staff transferring from Family Service Units, and as a refresher for continuing CPS staff. CPS supervisors were also trained in the Supervisory Competency curriculum at the Child Welfare Institute, and the administration has implemented time management and quality control measures to streamline the number of pending investigations. A list of CPS training modules is included in the appendices.

Referrals for Early Intervention –

The intake referral process for determining eligibility for Early Intervention services has now been in place for a little more than a year. This process involves a visiting nurse service that is also certified as a Part C provider under the Individuals with Disabilities Education Act (IDEA) working with DCYF Child Protection Services and Intake staff to assist in determining whether a referral is appropriate for EI based on an assessment of eligibility criteria. The Department also received authorization to extend its contract with the visiting nurse Family Outreach Program provider for three more years.

The accompanying diagram is the design for the referral process. In this first year, the Department and the FOP provider have tracked the volume of referrals and referral patterns.

The Pediatric Abuse and Neglect Diagnostic Assessment Clinic (PANDA) is a program within the Hasbro Children's Hospital that is contracted by DCYF to be able to provide medical examinations within 24 hours on children who are involved in a CPS investigation. The clinic will also perform a global assessment of the child(ren) to assist with determining if a referral should be made to Early Intervention.



In this first year from mid-April 2006 to April 30, 2007, there were 555 children under the age of 3 who were referred for services. Of this, 68% were referred to Early Intervention programs and 32% were referred to other early childhood and family support programs.

<i>Referral through DCYF</i>	<i>Referred to Early Intervention</i>	<i>Other Early Childhood Referrals: Early Head Start; PAT; Early Start, etc.</i>	<i>Totals</i>
CPS Investigation	180	96	276
Hospital Level 1 Newborn Risk Assessment	149	74	223
Referrals from EI to Initial Screening	50	6	56
Totals	379	176	555

Now with one year's worth of data and program experience, DCYF is in a better position to identify continuous quality improvement needs and troubleshoot these issues with EI providers and their State lead agency, the Department of Human Services (DHS). One such issue is to determine the outcome of the referrals to EI programs. In this next year, DCYF expects to work with DHS and the EI providers to ensure consistency in the way data are reported and collected among the three systems. This will assist in making sure that EI providers are accurately identifying referrals from DCYF and DHS is able to identify through their data collection system the number of children who were referred by DCYF and enrolled into EI programs.

This past year, the Department expanded its Safe Families Collaboration program with the Rhode Island Coalition Against Domestic Violence. This program also has a co-location liaison working through CPS. The program now works with cases involved in Region IV and Region III. Previously, the emphasis had been on Region IV; however, with the results of Region III's mini-CFSR case review last year, it was determined that the program could be beneficial due to the prevalence of cases in which domestic

violence had been identified. The Safe Families Collaboration Program, supported by funding through the Children's Justice Act/CAPTA grant, was begun in December 2004 to assist the Department to address the needs of children who are exposed to violence in the home and the adult victims of domestic violence. The Safe Families Collaboration seeks to preserve families by linking them with community-based services and strategies that include domestic violence support, employment counseling, parenting skill development, financial management assistance, substance abuse treatment, as well as other identified needs.

<i>Data Based on Reports in 2005</i>	<i>Statewide</i>	<i>DCYF Region III (22.7% of Statewide)</i>	<i>DCYF Region IV (41.7% of Statewide)</i>
Number of DV Reports to State and Local Police	7,865	1,787	3,280
Number of Children Present	1,600	465	601
Percent of DV Incidents with Children Present	20%	26%	18%
Source: Rhode Island Kids Court 2007 Factbook			

Timeframe of CPS Investigations	# Families with DV Identified through CPS Investigations	# of Contacts with Co-Location Liaison(s)	Avg. # of Family Contacts - Assistance
1-1-06 to 12-31-06	584	3,445	5.89
1-1-07 to 6-30-07	335	1,930	5.76

This collaboration is one of a few in CPS operations around the country in which a domestic violence advocate is co-located within the Child Protective Services offices. The experience has been quite positive at DCYF as investigators have begun

seeking the advocate's assistance on more and more cases in which family violence is identified. In some situations, the advocate has accompanied DCYF staff on investigations. The expansion of this project in 2006-2007, as well as increased awareness among DCYF staff about the program, has produced a noticeable increase in linkages with the Family Support Advocates. Within the first six months of 2007, there have already been 335 families receiving services, compared to 584 for the full calendar year of 2006.

The Department also funds a program known as Project Family which promotes intensive family preservation services for families who would otherwise be opened to the Department's Family Service Units. These services are accessed by the Intake Unit and cases are monitored for up to a year with an intake services social worker. Clinical and case management services are provided for up to 20 families concurrently usually twice a week to promote and maintain healthy family functioning. The Project Family program services will be incorporated into the development of the Family Care Community Partnerships (FCCP), which will establish a stronger emphasis on DCYF's front-end prevention and intervention service delivery needs.

Citizen Review Panel –

CAPTA funds support the Citizen Review Panel which works closely with DCYF's Child Protective Services Division to assist in determining whether cases involving child injury may have actually been accidental or intentional. The Citizen Review Panel also provides a forum for representatives of multiple disciplines to discuss complicated cases and receive guidance in making appropriate determinations regarding such cases where the evidence is ambiguous. As pointed out in the report, the child abuse reporting statutes in Rhode Island present a broad legal definition which can create a degree of ambiguity, particularly for primary care physicians who do not specialize in child abuse. This past year, the Panel met 48 times and reviewed a total of 630 cases, averaging approximately 13 cases per session.

Of the cases reviewed, sexual abuse consistently represents between 55% and 62.5% of the total over this five year period. It has been reported previously by the Panel that cases involving "sexualized behavior" are presented almost on a weekly basis due to considerable ambiguity about reporting. The Citizen Review Panel discusses each case in question, and the panel reports that its decisions are frequently used to inform policies and/or practices. Cases in which there are ongoing issues of concern continue to be reviewed at subsequent meetings.

Activity Report of the Citizen Review Panel

	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Sexual abuse	262	293	334	384	394
Physical abuse	67	99	122	137	107
Child neglect	63	56	97	69	73
Emotional abuse	21	21	8	6	4
Failure to thrive	6	17	13	8	15
Accidental injury	17	39	25	4	17
Medical Neglect	<u>1</u>	<u>3</u>	<u>2</u>	<u>19</u>	<u>20</u>
Total Cases	437	528	601	627	630

In this year's report, the Citizen Review Panel has focuses on cases involving conditions of failure to thrive, and addresses issues involving health care information confidentiality requirements that may be in conflict with concerns relating to child abuse reporting mandates. Such a circumstance would involve concerns about a parent/caregiver that could present harm or risk of harm to a child, but confidentiality requirements forbid such information being exchanged when the parent/caregiver is the patient, and the child is not.

Following up on activity from last year, the Citizens Review Panel was helpful in enacting a statutory revision relating to 2nd degree child physical abuse. Revisions to this law, enacted by the 2006 general assembly, make 2nd degree child physical abuse a criminal offense, moving jurisdiction from Family Court to Superior Court.

The Citizen Review Panel is also continuing its work toward development of a broader operational definition for emotional abuse for DCYF, to allow emphasis on prevention. The full report of the Citizen Review Panel is included in the appendices.

Criminal Background Checks –

The Department conducts criminal background checks on prospective foster and adoptive parents in compliance with Section 106(b)(2)(A)(xxii) of CAPTA. These assurances are conducted internally within DCYF to determine if there has been any prior involvement with the Department in a substantiated child abuse or neglect case; criminal background checks are performed by the Attorney General's Office through the Bureau of Criminal Identification. Administrators and supervisors within Child Protective Services and the Family Service Units now have access to the BCI and are able to conduct criminal background checks more expeditiously. The Department is leasing a portable fingerprint scanning machine which has enhanced DCYF's efficiency and capability for establishing clearances for prospective foster and adoptive families, including the adult relatives and non-relatives residing in the household. Since the Department began using its own fingerprint scanning machine, DCYF has electronically submitted more than 2,000 fingerprinting requests to the FBI. The availability and use of this scanner has reduced the length of time it takes to obtain results on these background checks from a matter of weeks to a turnaround time of a few hours.

Adam Walsh Child Protection and Safety Act of 2006 – The federally enacted Adam Walsh Child Protection and Safety Act establishes statutory requirements for states to conduct background checks on prospective foster and adoptive parents and any other adult living in the prospective foster/adoptive home prior to finally approving the home for placement of a child. Such background clearances require states to check child abuse and neglect registries in each State in which the prospective foster/adoptive parents, as well as any other adult(s) living in the home, have resided in the preceding 5 years. The intent of this new law is to protect children from violent crime with particular emphasis on preventing sex offenders' from having access to children. A critical provision in this federal law is that it provides child protection/child welfare agencies access to national crime information databases (NCID) specifically for purposes of investigating or responding to reports of child abuse, neglect, or exploitation.

Rhode Island's DCYF has now equipped four computers in its Child Protective Services Division with interface capability to access three additional national databases: the FBI's Interstate Identification Index, known as the Triple I; the National Crime Information Center (NCIC); and the International Justice and Public Safety Information Sharing System (NLETS).

The Triple I system is an interstate/Federal-State computer system that currently provides the means of conducting national criminal history searches to determine whether a person has a record anywhere in the country. This electronic search can take as little as thirty seconds.

The NCIC is an automated nationally accessible database of criminal justice and justice-related records maintained by the FBI that includes "hot files" of wanted and missing persons and stolen property. This search capability is valuable, because it provides information on persons who may not have a criminal history, but may be wanted for the commission of a crime.

NLETS is a computerized, high speed message switching system maintained by the States that provides for the interstate exchange of criminal justice related information among local, State, and Federal criminal justice agencies. For DCYF's purposes, this system includes drivers' license data on a State by State basis.

CONSULTATIONS WITH PHYSICIANS/APPROPRIATE MEDICAL PROFESSIONALS –

Through a collaborative relationship with the Department of Human Services (DHS), Rhode Island's Medicaid Authority, children and youth in the care of DCYF have their health and behavioral health needs covered through the Neighborhood Health Plan of Rhode Island (NHPRI). NHPRI is one of three Medicaid managed care health plans contracted with DHS, and began enrolling DCYF involved children and youth in 2000. In SFY 2006, there were approximately 2,254 children/youth in substitute care enrolled with a health plan through NHPRI.

Once a child is placed in foster care, the process involved for having his/her health and behavioral health care managed through NHPRI is activated once the child's living arrangement is entered into DCYF's RICHIST data system. A Medicaid eligibility technician in the Division of Management and Budget receives a Medical Assistance notification within 24 hours of the living arrangement being entered into the system. The Medical Assistance authorization is

processed on the date that it is received. Once a DCYF Medical Assistance case has been activated, the system will electronically enroll the child in NHPRI within 7 to 10 days. NHPRI will contact the foster caregiver within 14 days in order to assess the child's medical and behavioral health needs. This initial screening is conducted by telephone using a validated telephone screening tool. If the child is in need of a physical examination or a behavioral health evaluation, these services are scheduled between the foster caregiver and the health plan, and a notice will be sent to the assigned DCYF social caseworker.

Also, once the child is enrolled in NHPRI, s/he is assigned a primary care physician in the vicinity of the foster caregiver. Information is exchanged and updated to ensure that communication is open and as efficient as possible. Information relating to the name of the caregiver(s), address, social caseworker, supervisor, primary care physician is exchanged and updated on a daily basis. The medical and behavioral health information in RICHIST is updated through a data system interface between NHPRI and DCYF. This functionality allows an automatic exchange of information between the systems to regularly update the child's medical and behavioral health service and treatment history in the child's electronic case record.

The NHPRI health plan has also established a membership information helpline to provide immediate access to care assistance. Social caseworkers and foster caregivers are able to call into the helpline to receive information and assistance on matters relating to medical, pharmaceutical, and other needs concerning access to care. NHPRI's behavioral health provider, Beacon Health Strategies, also provides a helpline staffed by licensed clinicians who are able to provide behavioral health advice to DCYF staff Monday through Friday from 8am to 5pm. These helpline clinicians assist DCYF social caseworkers in setting up behavioral health appointments, emergency medication reviews, hospitalization step-down alternatives, as well as appealing denials for services, and other assistance.

The Department also has a contract with Rhode Island Hospital's Child Protection Program to provide a Pediatric Abuse and Neglect Diagnostic Assessment (PANDA) Clinic for DCYF's Child Protection Services Division. The PANDA Clinic provides medical evaluations within 24 hours in compliance with RIGL 40-11-6(c) or on a drop-in basis if necessary within clinic hours in order to conduct medical evaluations regarding abuse and/or neglect conditions, and provide child protection investigators necessary information as part of the investigative process.

CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE –

New requirements enacted in the Child and Family Services Improvement Act of 2006, now Section 424(e)(1) and 436(b)(4) of the Social Security Act, place much greater emphasis on the importance of case worker visits with children involved with child welfare. This public policy initiative reflects the findings of the first round of CFSRs in which positive outcomes for children were closely associated with the quality and frequency of caseworker visits with the children on their caseloads.

The CFSR from all 52 jurisdictions involved represented a strong link between being able to maintain children safely in their own homes whenever possible and appropriate (Safety Outcome #2) and the following indicators:¹⁵

- Item 17: Needs and Services of Child, Parents, Foster Parents
- Item 18: Parents' Involvement in Case Planning
- Item 19: Caseworker Visits with Child
- Item 20: Caseworker Visits with Parents
- Item 1: Timeliness of Initiating Investigations

Additionally, the CFSR findings identified factors involved in the relationship of well-being to permanency, showing that positive ratings on the four activities in Items 17 – 20 supported substantial achievement on children having permanency and stability in their living arrangements (Permanency Outcome #1) and preserving continuity and connections of family relationships for children in care (Permanency Outcome #2).

Rhode Island's baseline CFSR ratings were set in 2004. In 2006, during the first year of its PIP, DCYF conducted a CFSR-like series of case reviews within the four Regions looking at a total of 42 cases, including 22 foster care cases and 20 in-home cases. Based on these findings, DCYF's performance in this area showed substantial improvement in three of the four target activities:

Target Activity	State CFSR 2004 Baseline	Interim Objective	Regional Reviews 2006 Average
Item 17: Needs and services of child, parents, and foster parents.	31%	33.5%	45%
Item 18: Child and family involvement in case planning.	39%	41.5%	45%
Item 19: Worker visits with child.	61%	63.5%	60%
Item 20: Worker visits with parents.	34%	36.5%	37%

For the PIP's CFSR Items that do not have national standards, the Department had set its improvement expectation at 5 percentage points over the two year period. In three of the above measures which are associated with positive permanency outcomes, the Department exceeded its interim objectives which expected to show improvements of 2.5% above the baseline. However, in Item 19, the critical measure for caseworkers visiting with children, the results were disappointing.

¹⁵ *Findings from the Initial Child and Family Service Reviews 2001-2004*. Presentation from the Administration for Children and Families. <http://www.acf.gov/programs/cb/cwmonitoring/results/index.htm>, retrieved on August 5, 2007

Frequency of Caseworker Visits

The Department has calculated activity for caseworker visits with children using the methodology determined by the Administration for Children and Families. Data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) were drawn for FFY 2007 (October 1, 2006 to September 30, 2007) to establish DCYF's baseline for its improvement objectives relating to worker visits with child. During this period, there were 5,408 children identified in the AFCARS file. Of this number, 1,704 did not meet placement requirements for this measurement. The remaining 3,704 children in foster care residing in-state and out-of-state were used to calculate a preliminary baseline, based on the following:

- The aggregate number of children served in foster care,
- The number of children visited each and every calendar month that they were in foster care,
- The total number of visit months for children who were visited each and every month that they were in foster care, and
- The total number of visit months in which at least one child visit occurred in the child's residence.

Monthly Caseworker Visits with Children		Total Percentage
620 children with visits / 3704 with valid placements	Worker visits with child	16.7%
704 at home visit months / 2,934 total visit months	Visit in child's residence	23.9%

Visitation Policy – The Department is currently revising its policy relative to social caseworker visits with children and parents (caregivers) on their caseloads. The previous policy provides guidance to social caseworkers relative to the frequency of visits, stating that workers should see the children on their caseloads once per month, at minimum; and more frequently if necessary. The actual schedule for visitation is incorporated into the service plan. Prior DCYF policy also states that the worker should assess and document whether or not:

- The child is receiving adequate care and supervision in his or her home or in out-of-home placement;
- The parents and child, if of appropriate age, are actively participating in case planning;
- There are effective services in place to address areas of need outlined in the Case Plan Agreement;
- Progress is being made towards achieving individual tasks and objectives outlined in the Case Plan Agreement; or, if there is a lack of progress, identification of specific barriers that are impeding progress.

There is a separate policy regarding the Interstate Compact on the Placement of Children (ICPC) which provides that a child is visited at least once every 12 months by the caseworker either from the sending state or receiving state where the child is placed. The visit is to provide documentation as to whether the placement continues to be the most appropriate and least restrictive safe setting, consistent with the best interest and special needs of the child.

In making the necessary determinations for revising these two DCYF policies, the Department is now establishing a standard that requires monthly visits by social caseworkers,

juvenile probation workers, or any worker that the Department has assigned case responsibility to for all children in foster care, including children in out of state placement. The draft policy revisions are included in the appendices.

There are currently about 165 youth who are residing in residential treatment programs located out-of-state, and approximately 73% are in nearby out-of-state locations. Each Regional Director and supervisors are able to monitor the face-to-face contact that caseworkers have with their children on a monthly basis through a dashboard data collection program that provides up-to-date information on caseload activities.

Over the next year, DCYF will work with ACF to determine a feasible strategy for improving face-to-face visits of workers with children in DCYF care, and to ensure that these visits are meaningfully focused on the service plan goals and objectives for permanency planning in the child's best interest.

Additionally, it is well understood that visitation between the children and their parents is a core element in maintaining the family's connection and to guide reunification objectives. DCYF has two longstanding policies relating to visitation between children and their parents which set forth guidance relating to **initial** visitation plans which must be formulated within 5 working days of the child(ren) being placed, and the **visitation plan** that is developed as part of the families' service plan within 30 days of the child being placed in DCYF care. The policies outline expectations relating to visitation frequency, duration, location, supervision, and situations in which there may be special circumstances; e.g., newborns on protective hold at the hospital.

The Department has recently revised its service plan policy and procedures focusing on Risk and Protective Capacity factors as part of its comprehensive family assessment that must be completed within 60 days. The visitation requirement is still maintained at within 30 days of the child coming into care.

DISASTER PLAN –

The Department is formulating policy as part of its residential child care regulations which will incorporate a requirement for fire and disaster preparedness procedures. These draft regulations will soon be posted for public comment and dovetail the Department's broader-based efforts to establish its own disaster plan in compliance with Section 422(b)(16). The Department has reviewed disaster plan procedures from other states, and has created an outline identifying the following areas for preparedness:

<i>Disaster Planning Outline</i>	
Policy	<p>Develop policy detailing designated authority to activate disaster plan – chain of command</p> <ul style="list-style-type: none"> ▪ Outline essential functions that need to be maintained – continuity of operations ▪ Prepare for staff shortages during emergency conditions: <ul style="list-style-type: none"> ○ Identify alternative managers and staff to maintain

<i>Disaster Planning Outline</i>	
	<ul style="list-style-type: none"> operations <ul style="list-style-type: none"> ○ Establish lines of authority in the event of personnel shortage ▪ Develop protocol to activate alternative site <ul style="list-style-type: none"> ○ Use of critical incident management team ▪ Outline disaster team training requirements ▪ Identify cadre of former (retired) DCYF personnel who would be able to respond to shelters – provide assistance and trauma support, care as needed/appropriate ▪ RICHIST disaster recovery back-up plan – establish process for data collection using paper formats on interim basis as needed to be transferred to electronic format as quickly as feasible
Training Needs	<p>Include disaster planning as part of the foster parent training:</p> <ul style="list-style-type: none"> ○ Expect 1.5 hours of specialty training to be added to the current foster parent training which is 27 hours ○ Kinship families currently receive 6 hours of training ○ Foster parent regulations need to include requirements for disaster planning <p>Preparation Component:</p> <ul style="list-style-type: none"> ▪ Develop an educational component for foster parents <ul style="list-style-type: none"> ○ See if Emergency Management Administration (EMA) can partner with the Red Cross ▪ Incorporate training into mandatory foster parent training – to be aligned with new regulations ▪ Create forms (checklists) for necessary equipment in the home and critical contacts ▪ Have foster parent disaster plan become part of the licensing and re-licensing process ▪ Foster homes will receive information regarding assigned shelters in their area ▪ If foster homes have alternative disaster plans, they will need to be identified in the case record in RICHIST <p>In either case, foster families will be required to notify the Department as to their whereabouts and status of the children.</p>
Communication Plan	<p>Establish 800# for emergency contact by foster families</p> <ul style="list-style-type: none"> ▪ Need reciprocal means for DCYF to be able to contact foster families <p>Establish additional 800# to be manned by DCYF staff</p> <ul style="list-style-type: none"> ▪ Alternative emergency management location ▪ Radio communication through satellite link or other dedicated frequency ▪ Governor's Office ▪ EOHHS <p>Emergency Management Personnel</p> <ul style="list-style-type: none"> ▪ Red Cross ▪ Law Enforcement ▪ Fire Departments ▪ Medical personnel – Hasbro Children's Hospital ▪ Media Plan – list of priority outlets for release of news and

Disaster Planning Outline	
	<p>information – to be coordinated with Governor’s Office and EOHHS</p> <p>Phone Tree:</p> <ul style="list-style-type: none"> ▪ Create an automated message system for Foster Parents in event of emergency. Pre-recorded messages will be sent automatically to FC contact numbers once disaster plan is activated on state level. This will notify foster parents to implement their disaster plan and follow contact/communication protocols. Recorded messages must be in multiple languages as represented by foster parent demographic information. ▪ Also need TTY – phone lines for disabled/hearing impaired.
RICHIST – Data Protection	<p>Create a report with foster home locations and names of children in placement.</p> <ul style="list-style-type: none"> ▪ Listing should identify: <ul style="list-style-type: none"> ○ foster children ○ their provider and contact information ○ both in-state and out-of-state (ICPC Records are backed up, but not currently incorporated in RICHIST) ▪ To complement existing disaster recovery plans: <ul style="list-style-type: none"> ○ need to establish a procedure for falling back on paper forms on interim basis to ensure ongoing data collection ○ have a means of transferring information to electronic format when able to do so
Miscellaneous	<p>To Go Kits –</p> <ul style="list-style-type: none"> ▪ Foster parents/children should have ready to go kits prepared with essentials for existence in a limited environment – est. 2 days ▪ Kits should include flash lights, cloths, blankets, etc. <p>Same for DCYF workers</p>

The Chief of Investigations for DCYF’s Child Protection Services Division is a former emergency management official from one of the municipalities. He led the Department’s efforts in developing the disaster plan protocols which were completed in September 2007. The full plan is included in the appendices.

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SAFE/TIMELY INTERSTATE PLACEMENT OF FOSTER CHILDREN ACT OF 2006 –

In compliance with new Section 422(b)(10) of the Social Security Act, the Department’s administrator for the Interstate Compact for Placement of Children (ICPC) began in October 2006 tracking requests being made by Rhode Island for home studies in other states, and for home studies from other states to be conducted within our jurisdiction. The results of this activity from October 2006 to June 30, 2007 are as follows:

There were 62 requests from other jurisdictions during this tracking period. Seventeen states (unduplicated number) from across the country made requests for home studies involving parents, relatives, foster care placements and adoption placements. Rhode Island was able to complete 73% of

the requests within 30 days, and 27% within 60 days of receiving the request. Massachusetts, Connecticut and Maine combined made 15 requests during this tracking period.

<i>Incoming Requests from Other States – October 2006 to June 30, 2007</i>						
Month	Number of State(s)	Number of Home Study Requests	Completed in 30 Days	Completed in 60 Days	Completed in 75 Days	Still Pending
October '06	4	10	10			
November	5	6	5	1		
December	4	9	8	1		
January '07	3	11	7	4		
February	3	5	2	3		
March	5	8	6	2		
April	2	4		4		
May	4	9	7	1		1
Totals	30	62	45	16		1

<i>Requests Made to Other States by Rhode Island – October 2006 to April 2007</i>							
Month	Number of State(s)	Number of Home Study Requests	Completed in 30 Days	Completed in 60 Days	Completed in 75 Days	Beyond 75 Days	Still Pending
October '06	8	10		4	1	3	2
November	3	5	1	1	1	2	
December	6	13	3			6	4
January '07	6	12	3	5	1	3	
February	4	10		4		4	2
March	8	12	4	1			7
April	10	16	4				12
Totals	45	78	15	15	3	18	27

Between October 1, 2006 and April 30, 2007, the Department submitted 84 home study requests to other jurisdictions, and ultimately withdrew six resulting in 78 requests to other states. These requests were sent to 23 states across the country (unduplicated count). Four states particularly receiving multiple requests were Massachusetts, Florida, Connecticut and North Carolina. During the period, about 38% of the requests were able to be completed within 60 days, while approximately 62% of the requests were outstanding for 75 days or more.

In both circumstances regarding home study requests, outgoing and incoming, the number of home study requests do not reflect the number of children for which the families (homes) are being studied.

International Adoptions –

The RICHIST data system now captures information on foreign born adoptions that come to the attention of DCYF through disruptions within the family. The system was enhanced last

Case Participant Information

Participant Information

Participant: Smith, Brianna Legal Mother: Smith, Abigail

Guardian(1): Legal Father: Maloney, Gary

Guardian(2): Putative Father: Step Parent: Significant Caretaker:

Is this perpetrator on active duty in the U.S. Armed Services? Unknown

Is this victim the legal dependent of an individual on active duty in the Armed Services of the U.S.?

Is this child adopted?: No

Date Adoption Legalized: 00/00/0000 ☐ Unknown

If date of adoption is Unknown, Estimated Age at Time of Adoption:

Participant Status History

Status	Effective Date	Reason	Worker
InActive	06/30/2004 12:00 AM	Evaluation Complete	Cooke, Beth A.

Modify dropdown values to include:

- No
- Unknown
- Yes
- Yes, foreign adoption

year to capture information regarding a child's adoption status as part of the case participant information that is entered by Intake staff. In FFY 2006, there was one internationally adopted youth who entered care. He was born in Russia and is now 17 years old, but does not meet the reporting criteria as clarified in the ACF Child Welfare Policy Manual which references that "[s]tates need not report a child who enters foster care after finalized adoption if the parents' legal rights to the child remain intact."

Transfers of Youth to Juvenile Justice –

Another RICHIST enhancement was implemented last year to capture the three portals of entry reflective of whether a child has entered DCYF through Child Welfare, Juvenile Corrections or through Children's Behavioral Health. These new data fields allow the Department to track case activity of children and families as they move through the system. This mechanism as referenced in the figure will quantify the number of children and youth who open to the Department for abuse or neglect, but later are linked with children's mental health services or juvenile corrections.

Maintain Case

Case ID: Status: Open

Last/Provider: First: Initial: Suffix: Case Open Date: 10/07/2003 TPR Case: Adoption: ☒

Participants

Name	Child Hshld Status	Chrg	Age	Gndr	Relationship	Child Welfare Status
	<input checked="" type="checkbox"/> N	Active	CW	14-09	M	Birth Sibling
	<input type="checkbox"/> Y	Active		47-10	M	Adoptive Parent
	<input type="checkbox"/> Y	InActive		12-00	F	Reference Person
	<input checked="" type="checkbox"/> Y	Active	ASB	16-09	F	Adoptive Sibling

New portal of entry fields

During FY 2006, our system shows that there were 4,566 youth being activated in our system with circumstances relating to child welfare. Of that number, 89 were also subsequently identified with juvenile justice involvement. Any youth sent to the RI Training School for Youth (RITS) for less than 30 days would remain active on the FSU caseload.

SECTION 103, ASFA COMPLIANCE –

As required by Section 103 of the Adoption and Safe Families Act, the Department's Family Service Unit staff review cases of children in care over 15 of the last 22 months on a monthly basis to track the ASFA timeline requirements for permanency planning activities and assess the progress being made by families. As demonstrated in the adjacent table, there has been marked fluctuation over the past five years. In this past year, there was a substantial decrease in all ASFA categories, showing a 51% decrease overall in 2007 over 2006.

Review of Cases in Care 15 of 22 Month					
	2003	2004	2005	2006	2007
Number of cases with compelling reasons	377 (50%)	369 (45%)	618 (45%)	623 (49%)	214 (35%)
Number of cases with TPRs filed/under consideration, granted	156 (21%)	261 (32%)	223 (16%)	248 (19%)	174 (28%)
Number of children returned home, closed, N/A	133 (18%)	144 (18%)	236 (17%)	199 (16%)	42 (7%)
Number of cases pending review	78 (11%)	45 (5%)	306 (22%)	206 (16%)	190 (30%)
Total	744 (100%)	819 (100%)	1383 (100%)	1276 (100%)	620 (100%)
Source: DCYF MIS Report					

The consistency of the number of cases with compelling reasons representing between 45% and 50% prompted DCYF to want to take a closer look at this data. In collaboration with ACF, the Department requested assistance from the National Resource Center on Adoption and the National Resource Center on Family-Centered Practice and Permanency Planning. As a result of this examination, the Department realized that it was including information under compelling reasons for children being placed with relatives – close to 50% of all children brought into care are placed with a relative. Understanding that such situations are an exemption to ASFA requirements relating to the filing of TPRs, the Department's MIS division began a data clean-up function and the result substantially altered the number of children being reported under these ASFA timeline requirements. This clean up also revised the data reporting criteria which now only focuses on youth who are active with DCYF in an out-of-home placement, with a current ASFA status. Previously, the data were representative of youth who were still active with DCYF, but had been reunified. The system was still capturing their ASFA status prior to reunification.

The Family Court related that its court improvement activities in past years have been focused on ensuring timely processes for termination of parental rights petitions. As the Family Court improved its handling of TPR petitions, the Supreme Court experienced an increase in the number of appeals to be heard and moved to prioritize these cases. DCYF has also had to focus more attention on improving its handling of TPR appeals, and this has been addressed through the Program Improvement Plan. Substantive progress has been made by dedicating one appellant attorney to work only on TPR appeal cases.

Compelling Reasons –

The data reported for 2007 represents that as of July 27, 2006, there were 620 children being tracked under the ASFA timelines. Of this number, 214 are showing a compelling reason for not filing a petition to terminate parental rights. Of this, 44.4% are identifying reunification as the permanency goal; 38.3% have an alternative permanent planned living arrangement; and, 17.3% are identified with a permanency plan for independent living.

The National Resource Centers conducted a study based on 38 cases drawn from Regions I and II; reviewed the Department's policies; and, held two focus groups with DCYF staff in both regions. The subsequent report found that 58% of the youth were between the ages of 11 and 16+ years, and 42% were evenly divided between the age groups 1-5 years and 6-10 years. Thirty-four percent (34%) of the youth had a permanency plan of alternative permanent planned living arrangement (APPLA), and 55% had reunification as their permanency plan. The average age of youth with a reunification plan was 8 and the average age of youth with APPLA was 15.2 years. The data also showed that the longer a child stayed in care, the more likely the permanency plan would be APPLA.

Average Length of Care in Months by Plan		
Permanency Plan Goal	Reunification	Other Permanency Plan
Avg. # of Months	25.8	40
Source: Technical Assistance Report – National Resource Centers on Adoption, and Family-Centered Practice and Permanency Planning		

Some of the explanations offered in the focus groups relating to extended use of compelling reasons included the lack of sufficient and timely services to meet the needs of birth families, which would delay the families' ability to have their children reunited in a safe and timely manner. The DCYF is reviewing recommendations offered by the National Resource Centers regarding the population of youth aging out of the system, and will discuss these matters further with ACF and the NRC consultants in the months ahead.

Changes in DCYF Responsibilities –

With the enactment of the FY 2008 State budget, there has been a significant shift in the Department's responsibilities for youth once they reach their 18th birthday. The Appropriations Act for Fiscal Year ending June 30, 2008 terminates Family Court jurisdiction at age 18 for youth in the child welfare system. This act also directs DCYF to implement a managed system of care for youth between the ages of 18 and 21 within the level of funding that is appropriated by the General Assembly.

The Department has promulgated interim regulations providing guidance to staff as it relates to Family Court jurisdiction ending, or if no Family Court jurisdiction exists. The new policy 700.0240 sets forth that a youth reaching eighteen (18) years of age and who was receiving services from DCYF prior to or at the time of the youth's eighteenth (18th) birthday will be eligible to receive transitional services and/or supports on a voluntary basis in one of the following ways:

DCYF Policy Guidance on Transitioning to Aftercare Services

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">▪ Continue DCYF involvement with voluntary services and supports for youth who are seriously emotionally disturbed (SED) or youth with functional developmental disabilities (DD). These youth are a priority population and will remain open to the Department and may remain in their current placements. Such youth may be eligible to receive services funded through the State Managed Health Care Program in accordance with RIGL 42-72-5(d). |
| <ul style="list-style-type: none">▪ Close to DCYF upon acceptance into an Aftercare Services Program those youth who are currently residing in out-of-home placements and who require assistance with accessing housing, employment, post-secondary education, and medical insurance coverage. |
| <ul style="list-style-type: none">▪ Close to DCYF those youth who can remain safely with their parents or relatives, who can go to a parent or a relative, or who can otherwise have a viable transition plan. These youth will be provided access to coverage for medical insurance. |

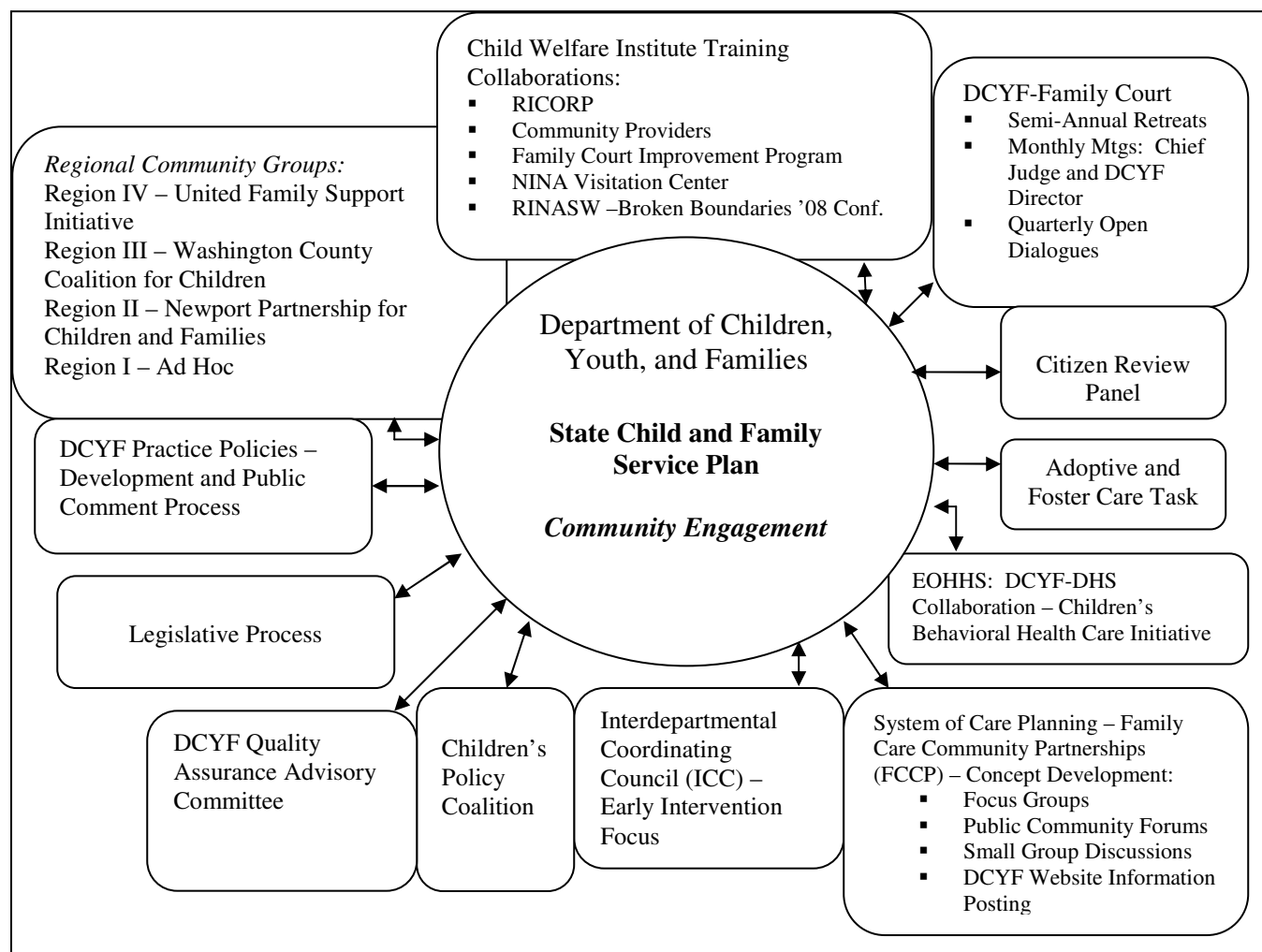
The primary goal of these services is for participants to achieve an appropriate level of independence and to recognize and accept their personal responsibility for the transition from adolescence to adulthood. All services and supports are voluntary. The aftercare services component prepares youth for independence, helps former foster care youth to continue preparing for the challenges and opportunities presented by adulthood while receiving services and supports.

This emergency regulation has been filed with the Secretary of State's Office to allow DCYF a period of 120 days in which to engage key stakeholders to work with the Department to develop more detailed procedures to ensure that appropriate services are provided to eligible youth. A copy of this interim policy is included in the appendices.

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DECISION-MAKING ON PROGRAM AND SERVICE INVESTMENTS -

The Department develops its Child and Family Service Plan and Annual Progress and Service Reports through broad-based community and family stakeholder involvement in its planning and implementation processes. As represented in the figure below, there are many organizations with which the Department regularly interacts and forums in which the Department either sponsors or is a participant to exchange information and elicit input regarding planning for service development and improvements in child welfare practice.



Community Engagement – Planning Process: The Department of Children, Youth, and Families (DCYF’s) planning and implementation activities are governed by its Program Improvement Plan, which is incorporated in its Child and Family Service Plan (CFSP) and the Annual Progress and Services Report (APSR). The DCYF engages its community partners in planning toward goal achievement and service development through multiple forums on an ongoing basis. The Department’s planning and practice development processes are not static, but dynamic – engaging participants through a variety of mechanisms which are designed to address - both broad and tailored - needs of the Department’s goals for ensuring safety, permanency, and well-being of children and families.

In the previous APSR, the planning process was primarily focused on an Internal System Redesign Committee and an External System Design Committee focusing on two phases of DCYF's system reconfiguration for front-end services and higher-end, more intensive level services. These activities were reported on in the Program Improvement Plan, and presented during regularly scheduled meetings with the QA Advisory Committee.

The first phase of activities involved developing what is now known as the concept of Family Care Community Partnership (FCCP) lead agencies as part of an evolving Integrated Family and Community System of Care. This FCCP approach is designed to strengthen DCYF's service delivery process at the front-end in order to appropriately and effectively avert families from child welfare involvement through an alternative approach when safety and risk factors involving the child(ren) can be well managed with linkages to the right mix of community resources and supports.

The second phase focuses on development of a Care Management Entity (CME), which is designed to address the complex needs of the estimated 250-300 high-risk children with serious emotional, behavioral, and mental health treatment needs.

As the Department's efforts in these areas became more identified with and concentrated through the Child and Family Service Program Improvement Plan, the nature of DCYF's planning and community engagement process was understood to be much broader, encompassing a multitude of stakeholder forums and activities. The varied groups and organizations identified in the figure above represent the continuing and evolving relationship that DCYF experiences with its many partners and stakeholder organizations. Each of the Regional Directors is also an active participant in the Local Coordinating Councils (LCCs) for the Child and Family Service System Program (CASSP), and have staff participate as members of the family service focused CASSP teams.

The interactive relationship that DCYF has with these varied organizations is representative of the engagement process and the transparency with which the Department is now functioning with its PIP. Members of the QA Advisory Committee are often also involved in several of these organizations' activities which intersect with and inform DCYF's overarching goals and objectives.

CHILD AND FAMILY SERVICE CONTINUUM –

The Department of Children, Youth and Families provides publicly funded programming throughout a continuum of services for the population of children and families it serves which include child welfare, children's behavioral health and juvenile corrections. All of these services are provided on a statewide basis. On an annual basis, the Department provides services to approximately 9-thousand children/families. As referenced previously, the reorganization under the Executive Office of Health and Human Services has created a shift in some of DCYF's responsibilities with funding for Medicaid reimbursable services now being the responsibility of the Department of Human Services. Contracts for residential programming and some community-based family support services will be restructured as well, in order to clarify the programmatic and financial aspects of these specific programs.

Through other federal initiatives; e.g., the Community-Based Child Abuse Prevention (CBCAP) program, the Department has integrated the work of the Children's Trust Fund to engage a statewide network of primary, secondary and tertiary child abuse and neglect prevention programs. Our Intake Administrator is becoming more familiar with these services as the Department looks for strong prevention-focused support programs to assist in diverting families from DCYF involvement, where appropriate.

Some of the funding through the Child Abuse Prevention and Treatment Act as amended by the Keeping Children and Families Safe Act of 2003 supports a co-location liaison from a visiting nurse program, working with DCYF's child protective services to implement a regularized referral process for children under the age of three to an Early Intervention program or other appropriate early child development and family support program.

All federally funded programs complement the state's continuum which includes prevention and early intervention programming for family preservation and support; substitute care living arrangements which include regular and relative foster care homes, as well as therapeutic foster homes, shelters, group homes, networks, residential counseling centers and residential treatment centers; supervised living apartments and independent living apartments; and after care programming which includes subsidized adoption, probation services, and end of sentence case management support for youth leaving the Rhode Island Training School. Wraparound case management structures and programs, funded by DCYF, are available for children and families as a prevention/intervention service as well as aftercare supports. A description of the continuum of services is included in the appendices.

Family Care Community Partnerships –

As referenced earlier, the Department is now moving in a direction of substantive system reformation regarding its family preservation and support service delivery structure. Currently there are many individual programs contracted by DCYF in multiple agencies throughout the state. The DCYF is moving to restructure this current service delivery system through a Request for Proposals (RFP) for Family Care Community Partnerships (FCCPs). The FCCPs will reconfigure programs including Comprehensive Emergency Services (CES) and the Child and Adolescent Service System Program (CASSP) with other more intensive family preservation services to create a more streamlined service delivery approach for wraparound services and case management support. This reformation is part of the DCYF's PIP requirements and the RFP is being issued in the 8th Quarter.

TITLE IV-B, SUBPART 1 – CHANGE IN PROGRAM PURPOSE

In the enactment of the Child and Family Services Improvement Act of 2006 establishes certain changes in the program purpose of Title IV-B, subpart 1 as it relates to child welfare services. The new program purpose is to protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner;

promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.

Service Descriptions: Funding from Title IV-B, subpart 1 is used to support six programs relating to child welfare outcomes promoting safety, permanence and well-being. These programs are:

- **Outreach and Tracking** – this program is designed to assist families with adolescent youth who are at risk for out-of-home placement due to a wayward/disobedient petition filed in Family Court. Approximately 40 youth are served annually through this program which specifically works to divert wayward/disobedient petitions from Family Court involvement. Activities include clinical intervention, frequent contacts with youth to ensure school attendance, after school activities, and curfew compliance.
- **Comprehensive Emergency Services (CES)** – this program provides emergency services for families in crisis relating to child abuse, neglect, and dependency. Services include case management, 2 parent aide visits per week; crisis intervention 24/7. This particular program component offers an extension of up to 60 days past the typical 60 day involvement for families where additional time in the program is necessary. Services are statewide; there are 223 slots funded at any given time.
- **Adoption Preparation and Support** – this program began as a federal demonstration project funded through ACF and is being continued through Title IV-B, subpart 1 funds. Services assist families in preparation for adoption of DCYF involved children, and provide ongoing support including counseling; advocacy; therapeutic recreation, parent education, and crisis intervention as necessary to assist and preserve adoptive families.
- **Adoption Rhode Island** – this program works solely with DCYF as the adoption exchange information and referral program. ARI provides matching services for waiting children and interested families, and also provides support services for children waiting for adoption.
- **RI Foster Parents Association** – this program provides an educational and supportive service for current foster families and assists with recruiting efforts to attract new foster families. The program is an advocacy organization that supports recreational and skill development activities for foster families and youth in care.
- **Tsetse Art Gallery** – this provides a therapeutic Harmonious Art program for youth in group homes and treatment facilities who have been traumatized, often through sexual abusive situations. The art program serves approximately 40 youth annually between the ages of 7-14.

Activities to Strengthen and Expand Existing Services: As referenced previously, the Department is currently in the process of shifting its service delivery structure with emphasis on

development of an Integrated Family and Community System of Care, and more immediately with the creation of Family Care Community Partnerships as coordinating mechanisms to provide needed wraparound support and case management in an effort to safely maintain families in their home whenever possible and appropriate. The CES programs will be restructured as part of this service delivery reconfiguration, and the Outreach and Tracking services will also be reviewed for their maximum benefit.

Additionally, the DCYF is working on development of permanency teams with the Regions whose focus will be on ensuring appropriate recruitment activities for youth whose permanency plan goal is adoption. The Department has been working in collaboration with Adoption Rhode Island to formulate a support service for FSU staff within DCYF regions. This function will provide necessary technical assistance and support for workers to be able to make the best and most informed decisions; e.g., gathering information from the case record to search for potential family connections and resources, and help the FSU worker to organization the information needed for full disclosure presentations.

Staff Development and Training: Title IV-B, subpart 1 funds are not currently supporting training activities. The IV-E Training Plan is included in the APSR and these services are supported through state revenue and IV-E reimbursement. Additionally, the Department has implemented a training curriculum for Juvenile Probation and Parole staff, as part of the Program Improvement Plan. This curriculum contains core requirements as well as topical subjects. A training of trainers (TOT) approach was established to implement the training and ensure that the curriculum could be maintained. A copy of the Juvenile Corrections training curriculum is included in the appendices.

The Department also supports staff development training relating to juvenile sex offender treatment. This training has been developed through collaboration with a consortium of DCYF contracted providers and Day One (Sexual Assault and Trauma Resource Center) for workers in DCYF's contracted residential facilities, contract monitoring staff, juvenile probation and parole staff, as well as outpatient clinicians who provide services to this population. The training is comprised of five workshops. The first two were held in January and March, 2007 in which 132 participants were trained. The curriculum for this series of trainings is also included in the appendices.

Policies and Procedures for Abandoned Newborns: The Department promulgated its policy regarding activities and procedures relating to abandoned infants in February 2003, following the enactment of Rhode Island's Safe Haven for Infants Act (RIGL 23-13.1). This policy sets forth guidance to allow a parent to anonymously relinquish an infant (less than 30 days old) without facing prosecution, provided that certain conditions apply regarding the manner in which the infant was voluntarily placed with staff in a medical or public safety facility and that there is no evidence that the infant has been harmed, or the victim of abuse or neglect. The Abandoned Infants policy is included in the appendices.

PROGRAM AND SERVICE DEVELOPMENT -

Family Support -

The Parent Support Network of Rhode Island was begun primarily to assist families of children with serious emotional disturbance (SED) who had no formal involvement with the child welfare agency. However, there is greater appreciation now for the trauma associated with child abuse/neglect and the impact that involvement in the child welfare system has on children and their families. The Parent Support Network, with funding through IV-B, part 2, is providing additional support for families through assistance with the Care Management Teams to help parents understand the role and responsibilities of the Department, as well as their participation in the process. More than half of the families assisted by PSN are looking for assistance because they've been told to file a wayward/disobedient petition on their teenagers.

The Department is also allocating IV-B, part 2 funding to support a Juvenile Justice Host Home Project which has proved effective in diverting youth from Family Court on Wayward/Disobedient petitions. It is operational in the southern part of the state in Region III working with local police departments and a community mental health center to assist families earlier with an effective intervention aimed at keeping youth in their own homes or in their community. Host homes are recruited within the community to provide necessary respite for youth and their families. Mediation is provided by clinicians from the local community mental health center who work with the police and help to link families to other supportive services. This program served as a model for the "Article 23" programming that the Department developed statewide as a means of averting wayward/disobedient petitions.

The Partners in Permanency program, which was developed by Children's Friend and Service in October 2000 as a demonstration project with funding from the U.S. Department of Health and Human Services, Administration on Children and Families, is now funded with Title IV-B, part 2 dollars. This program was quite impressive as a model for concurrent planning. It dovetails effectively with the Department's efforts to promote family-centered practice and to support concurrent planning practice changes within the Regions. This program bridges the categories for *family support* and *adoption promotion/support*.

Family Preservation -

The Department works with families identified by Child Protective Services through "Project Family" which provides intensive front-end services as a way of keeping them from becoming formally involved with the Department. The families are identified through an investigation. They may require more intensive services than can be provided in a Comprehensive Emergency Services program. Project Family will remain involved with a family for a year if necessary in order to link them with the appropriate and necessary support. The issues addressed by the program primarily are parenting skills and difficulties with discipline, adult conflict, and financial problems. The Department has expanded Project Family to allow for up to 20 families at a time to be referred by the Intake staff in Child Protective Services. This program, funded through IV-B, part 2, has been successful in maintaining

families intact, assisting parents to become more aware of age appropriate expectations for their children, improve their abilities in managing stress, and ensuring the safety of children.

Time-limited Reunification –

The Department of Children, Youth and Families in collaboration with the Providence Children's Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now be in operation for 14 years. This program, funded by IV-B, part 2, is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. The Families Together program also works with the Child Welfare Institute to provide three pre-service trainings on therapeutic visitation. The program is now looking to add a new dimension which will provide a visitation specialist/parent educator component to further assist in supporting permanency outcome goals. This program has been recognized nationally by Harvard University's Innovations in Government program; it has been presented nationally as a promising practice at several child welfare conferences and through the national association of Children's Museums.

Adoption Promotion and Support -

Funding through Title IV-B, part 1 supports the work of the Rhode Island Foster Parents' Association which works closely with the Department and the Rhode Island Council of Resource Providers (RICORP) to provide training, education and support for foster and adoptive families. The IV-B, part 2 funds also support the recruitment and training efforts of the Urban League of Rhode Island, which is contracted to assist the Department in recruiting and supporting families interested in becoming foster or adoptive parents. The Adoption Promotion and Support program through Children's Friend and Service is also supported with funding through Title IV-B, part 1. The Department is currently working with Adoption Rhode Island to establish a permanency team function in the Regions which will assist social caseworkers in developing recruitment plans for children with a goal of adoption, assisting with case record research to identify potential family connections and resources; and, provide supportive guidance to address barriers for foster parents interested in adopting. This activity will be supported through IV-B, part 1 funding.

The Partners in Permanency program, referenced above, bridges the categories for family support and adoption promotion/support. The services that are provided focus on concurrent planning and provide both biological and foster/pre-adoptive families necessary support for permanency planning that is in the best interest of the child. The funding for this program is evenly apportioned between the two categories.

PROGRAMMING SUPPORT FOR FAMILY CARE COMMUNITY PARTNERSHIPS –

Two of the IV-B funded programs will be included in the Department's transition to community-based networks to provide prevent and intervention services as expeditiously as possible for families identified through CPS who can be effectively averted from child welfare involvement. The funds supporting Project Family and the Juvenile Justice Host Home Project in Washington County will be transitioned from agency specific programming to provide available funding for the type of service represented by these two programs. This is part of DCYF's larger objective for establishing an Integrated Family and Community System of Care with lead agencies providing a nexus for community-based networks of formal and informal supports and resources. These two programs are particularly suited for this transition phase, given that they provide prevention-oriented services to avoid having cases opened to the Family Service Units.

MAINTENANCE OF EFFORT -

The Department of Children, Youth and Families continues to demonstrate a strong maintenance of effort in its expenditures for child and family services. In FY 1992, as the base year, the DCYF allocated approximately \$3.4-million on community-based programs to assist families who were at risk of becoming involved with the Department. In fiscal year 2005, the Department continued to exceed its base year expenditures, allocating an estimated \$7.4-million for ongoing family support and preservation services. The majority of funding, \$5.3-million (71%), funded support services such as parent aide, parent education, and early intervention-type programming which assists vulnerable families with children in age ranges from birth to three and older. These services also provide necessary care and intervention such as Children's Intensive Services (CIS) for families whose children are experiencing emotional disturbances and may be at risk for out-of-home placement.

Additionally, the Department expended 29% of its funding to provide crisis intervention type programming such as Comprehensive Emergency Services, Youth Diversion and Outreach and Tracking services. These programs are designed to prevent out-of-home placement, and maintain the family integrity without formally becoming involved with the Department where possible. Just over 33-hundred families, an estimated 36% of the cases receiving services through DCYF, represent families in which the children are living at home. The goal here is to improve family functioning and child well-being.

ALLOCATION OF FUNDS -

In this Child and Family Service Program Improvement Plan application, the Department is requesting an allocation of \$989,680 in Title IV-B, part 1 funds, and an allocation of \$1,292,053 in Title IV-B, part 2 funds, as well as an allocation of \$129,578 in CAPTA funds. The Department is also requesting \$733,730 in funds through the Chafee Foster Care Independence Program, and \$252,122 in Chafee Education and Training Vouchers. These funds will continue to support the programs that have been identified or established in the Child and

Family Service Planning efforts, and through the planning for the Chafee Foster Care Independence Program.

Title IV-B, Part 1 Appropriation:

The Department of Children, Youth and Families anticipates receiving NINE HUNDRED, EIGHTY-NINE THOUSAND, SIX HUNDRED AND EIGHTY DOLLARS (\$989,680) in FY 2008 in its Title IV-B, Part 1 allocation. Funds in this allocation are used to support crisis intervention and programming aimed at providing additional support to keep families from coming into care; foster parent support; adoption promotion and support; additional youth diversion programming, and an artistic program providing support services for youth in treatment programs specializing in sexual abuse and treatment for other trauma. These service needs were initially identified through the planning process for the Child and Family Service Plan.

Title IV-B, Part 2 Appropriation:

The Department anticipates receiving an allocation of ONE MILLION, TWO HUNDRED, NINETY TWO THOUSAND, FIFTY THREE DOLLARS (\$1,292,053) in Title IV-B, Part 2 funds for FY 2008. These funds will continue to support the Department's initiatives in compliance with the Adoption and Safe Families Act, focusing on therapeutic visitation; family advocacy/support program initiatives; and adoption promotion and support, as described previously under Programs and Services Development. Funding for family support services will be allocated 21% of the appropriation; family preservation services will be allocated 23%; time-limited reunification services will receive 27%; and, adoption promotion and support programs will receive 23% of IV-B, Part 2 funding. The Department is allocating a slightly higher percentage of funding in the service categories of family preservation, time-limited reunification, and adoption promotion/support. The family preservation services; i.e., Project Family and family support services; e.g., Partners in Permanency, have demonstrated effectiveness through project evaluations. The Families Together Therapeutic Visitation program as a time-limited reunification service is nationally recognized as a promising practice. Services for family support and adoption promotion are also priorities being supported with additional funding through IV-B, Part 1. In this application, DCYF is also requesting \$17,813 in funding to support activities relating to Monthly Caseworker Visits.

Child Abuse Prevention and Treatment Act Appropriation:

The Department anticipates receiving ONE HUNDRED, TWENTY NINE THOUSAND, FIVE HUNDRED AND SEVENTY EIGHT (\$129,578) in FY 2008. These funds continue support for the Citizen Review Panel, and are being used in the implementation of the Early Intervention service referral process through the Child Protective Services Intake Unit. The Department has contracted with a visiting nurse program to provide a registered nurse working as a co-location liaison with the Child Protective Services investigators and intake staff. The nurse is familiar with the early intervention services network and is assisting DCYF in determining the appropriate referrals to be made to the Early Intervention providers, or whether

referrals of children under the age of three should be made to other early child development and family support programs within the community.

CAPTA funds are also used to provide assistance for deaf and hard of hearing families and children as a resource for child protective investigators. Additionally, the Department is using CAPTA to enhance the general child protective system by providing fingerprint scanning services to expedite the assessment process for prospective foster and adoptive parents. The Department also allocates a portion of funding for training child protection staff to improve the child protective services system regarding intake, assessment, screening, and investigations of reports alleging abuse and/or neglect.

Chafee Foster Care Independence Program Appropriation:

The Department anticipates an allocation of SEVEN HUNDRED, THIRTY THREE THOUSAND, SEVEN HUNDRED, THIRTY DOLLARS (\$733,730) in the CFCIP allocation, and TWO HUNDRED, FIFTY TWO THOUSAND, ONE HUNDRED AND TWENTY TWO DOLLARS (\$252,122) in Educational Training Vouchers (ETVs) in FY 2008. These funds will continue to support strategies aimed at helping youth transitioning to self-sufficiency; receiving the education; training and services necessary to obtain employment; prepare for and enter post-secondary training and educational institutions; provide personal and emotional support to youth through mentors; and continuing to provide additional appropriate support and services for youth leaving the child welfare system.

Other Expenditures –

The Department does not have a Child Welfare Demonstration Project grant, and is not receiving Adoption Incentive payments. The Department has no payment limitations to report relating to IV-B, Part 1 funding for any services relating to child care, foster care maintenance, or adoption assistance in reference to FY 2004 or FY 2005. The Department does not allocate IV-B, Part 1 funding for these services, as they are supported with general revenue. In FY 2005, the DCYF expended \$2,838,725 on services associated with foster care maintenance, as defined in Section 475(4) of the Act. Also relative to actual expenditures in FY 2005, the DCYF reports a difference in two areas on the CFS 101, Part III: \$323,441 was originally anticipated for family preservation programming; however, \$23,441 was subsequently reduced from this program category resulting from a contract discontinuance for a “new mom” mentoring project.

There were no funds expended in the administrative costs category in IV-B, Part 2 for FFY 2005 as all non-program funding for this period was allocated to other service related activities to support specific enhancements to the RICHIST system for identifying the portals of entry into and tracking the travel of cases coming into the DCYF system; e.g., child welfare, juvenile corrections, or children’s behavioral health. It was necessary to use these “planning” resources to support data collection improvements that were necessary as part of the Department’s Program Improvement Plan. There were no general revenue funds available for this purpose.

SUMMARY –

As the Department continues implementation of its strategies for continuous quality improvement and practice changes, the commitment to establish a full continuum of care designed to appropriately address the individual and unique needs of children and families remains a primary objective. This objective is shared now, more broadly, across the human service agencies organized under the Executive Office of Health and Human Services, and through targeted collaboration with the Department of Human Services. The reorganization of government responsibilities is designed to streamline the service delivery system for children and families, improving effectiveness and efficiency. Our community stakeholders have expressed their commitment toward improved outcomes for children and families; and, through a stronger partnership with the community – our plan will become reality.

Appendices –

- *Multi-Ethnic Foster Parent Recruitment Plan*
- *Multi-Ethnic Adoptive Parent Recruitment Plan*
- *Chafee Foster Care Independence Program*
- *Chafee Education and Training Voucher*
- *Training*
 - *IV-E Training Plan*
 - *Juvenile Probation/Parole Training*
 - *Juvenile Sex Offender Treatment Training*
 - *CAPTA Training*
- *Indian Child Welfare Act Policy*
- *Visitation Policy-Procedures*
- *Interim Policy – Services to Youth Ages 18 - 21*
- *Abandoned Infants – Safe Haven Policy-Procedures*
- *Continuum of Services*
- *Citizen Review Panel Report*
- *Work Plans*
- *Disaster Plan*

**MULTI-ETHNIC PLACEMENT ACT
FOSTER PARENT RECRUITMENT
UPDATE: JUNE 2007**

I. A description of the characteristics of waiting children.

Demographic information (as of 6/1/07) indicates that there are **9291** children active with DCYF. Of these, **62%** are White; **20%** are African American; **2%** are Asian; **1%** are American Indian; **9%** are of Unknown race and **5%** are Multiracial). **21%** of the active children are listed as Hispanic.

Of the **1631** children residing in foster care placements (relative, non-relative, and private agency specialized foster care) **65%** are White; **22%** are African American; **1%** are Asian; **1%** are American Indian; **6%** are multi-racial and **6 %** are “unknown”). **22%** of the children in foster home placements are of Hispanic heritage.

II. Specific strategies to reach all parts of the community.

The goal of foster parent recruitment is to ensure that sufficient numbers of qualified foster families are available to meet the needs of the Department and the children it serves and to allow for careful matching and planned placements which meet the best interests of every child in need of foster care. As approximately 80% of all DCYF children who are adopted are adopted by their foster parents, it is critical that initial foster placements be conducted with consideration to a child’s long term needs.

This overview focuses upon the recruitment of **generic** foster homes.

Most tasks have been achieved and are ongoing.

The Department contracts with the Urban League of Rhode Island which is uniquely qualified to assist DCYF in providing culturally competent support for minorities communities. In this past year, the DCYF changed the scope of services in this agreement in order to assist DCYF in its efforts to process foster parent applications more efficiently and expeditiously. The Urban League’s Foster and Adoptive Support Program continues to provide a foster and adoptive family recruitment resource for DCYF; but more importantly, it is now serving as a resource to conduct foster parent pre-service trainings in English and Spanish; home studies for 35 referrals from DCYF’s Foster Parent Recruitment Office; and ongoing community support.

During the first eleven months of FY 2007 (July 1, 2006 – June 15, 2007), numerous foster parent recruitment activities have taken place. The goal of these activities has been twofold, and has focused on both the long term process of increasing general public awareness of the role of foster parents and the licensing process and the immediate need for increasing our available pool of qualified, culturally sensitive foster parents. Towards these goals, the following activities have occurred:

- **Print Advertising**

Our print advertising campaign is aimed at reaching both general and targeted populations of prospective foster parents, throughout the state, through daily, weekly, monthly, and special interest publications. We currently advertise in the Providence Journal, Woonsocket Call, Newport Daily News, South County Independent, Northeast Independent, Rhode Island Newspaper Group (17 suburban weekly newspapers), Providence Visitor, Families Today, the Rhode Island Family Guide, and the Rhode Island State Nurses Association quarterly newsletter. We have four different print ads depicting children of varied ages and ethnicities which we rotate weekly. These advertising efforts make up the backbone of our recruitment campaign and serve as weekly reminders of the ongoing need for foster parents.

- **Television Advertising**

Several years ago, we contracted with WJAR-NBC10 to update an existing commercial and to produce and air a new foster parent recruitment commercial. We have continued to advertise during this fiscal year. The commercial features the need for foster homes for minority children and adolescents.

- **Recruitment Events - Informational Booths and Presentations**

Our recruitment events are aimed at disseminating information on foster parenting to the general public, dispelling some of the erroneous myths regarding foster parenting, and encouraging people to consider the idea of opening their homes to foster children. Towards these ends, a wide variety of activities were conducted directed at a diverse population. Informational booths were staffed at **18** community fairs, festivals and events during this time period. Recruitment information was distributed at conferences, community sites, businesses, and churches. These combined activities afforded Departmental staff the opportunity to speak directly with many prospective applicants in a family friendly, comfortable setting and to distribute large numbers of recruitment materials personally.

- **Informational Meetings**

During this fiscal year, we have expanded our schedule of informational meetings for prospective foster parents. In partnership with DCYF regional offices and community groups, **19** informational meetings were held across the state in areas where the largest need for foster homes exists with a total of **80** families attending. The goal of these meetings is threefold: they provide a comfortable setting for interested persons to gain additional information regarding foster care and to meet actual foster parents; they provide us with valuable free advertising in the form of news articles from press releases and mention in *what's happening* columns of area newspapers, cable and television stations, and web sites; and they provide us with an excuse to follow-up regularly with callers who requested information on foster parenting but did not return completed applications

- **Foster Family Referral Program**

The Department continues to contract with the Rhode Island Foster Parents Association to implement a foster parent referral program in which foster parents receive financial incentives for referring prospective foster parents and for hosting recruitment parties in their homes and

communities. The financial incentive was substantially increased to encourage greater participation. The program is advertised in the Foster Parent Newsletter and special mailings and is based upon the philosophy that satisfied foster parents often make the best recruiters.

- **Targeted Recruitment Effort**

These activities represent our efforts directed at reaching specific populations with foster parent recruitment materials through mailed packets of information containing a recruitment notice suitable for publication in newsletters and bulletins; an offer to hold an informational session on becoming a foster parent on site; posters for display; and brochures and fliers for distribution. Recruitment packets were sent to churches; schools; hospitals; youth programs, and numerous businesses, companies, organizations, and agencies. As part of Foster Parent Appreciation Month, several special activities were organized and public relations about foster care and the need for foster parents generated.

- **Specialized Programs**

Three years ago, the Department entered into a partnership with faith based communities to recruit additional foster families to meet the needs of the children within their home communities and this effort is continuing. The Department's four regional offices have established local "geo groups" comprised of local service providers, foster and adoptive parents, and community leaders to advise and plan local recruitment efforts for resource families to keep children placed within their home communities. Targeted recruitment campaigns for developmentally disabled children and adolescents are ongoing. Efforts to recruit foster homes for medically fragile and technologically dependent children are continuing.

- **RIFPA and DCYF Websites**

The Rhode Island Foster Parents Association web site and the Department of Children, Youth and Families' web site feature foster parent recruitment information and contact information for prospective foster parents. Informational meetings are listed on the DCYF website. Web inquiries are an increasing source for recruitment.

Outcomes

These targeted recruitment efforts, in combination with our broader foster parent recruitment plan, have resulted in the following outcomes for **generic foster parent recruitment** for the first eleven months of this state fiscal year (FY2007) : **Please note that these figures represent only generic foster home applicants and do not include relative and child specific foster family data.**

158 Applications received, of which approximately **32%** are minority applicants; (**20%** African-American; **12 %** Hispanic;)

38 New Generic Foster Families are currently in the home study process of whom approximately **29%** are minority applicants; (**18%** African-American; **11 %** Hispanic;)

- 35** New Generic Foster Licenses were issued of which approximately **17%** are minority applicants; (**11%** African-American; **6 %** Hispanic;)

III. Diverse methods for assuring that all prospective parents have access to the home study process, including location and hours of service that facilitate access by all members of the community.

Foster care and adoption pre-service training has been offered in Providence by the Urban League program and in all four regions, Providence, Bristol, North Kingstown and Woonsocket, by the Department. Evening trainings are available on a rotating schedule of weekdays; Saturday trainings are available through the Urban League; and individualized training is available on a case by case basis. Foster and Adoptive Parent pre-service training is offered in Spanish by the Urban League. Foster care licensing staff have the flexibility to conduct home studies during the evening and week-end hours, at a family's convenience.

IV. Strategies for training staff to work with diverse cultural, racial and economic communities

Training on Cultural Sensitivity, Cultural Diversity, and Working With Culturally Diverse Populations is offered regularly.

V. Strategies for dealing with linguistic barriers.

The Urban League has Spanish speaking staff available to work with Spanish speaking foster care applicants. The Department's recruiter refers families who need to complete the licensing process in Spanish to the Urban League. The Department also has a contract with the Socio-Economic Development Center's Language Bank which provides for the hiring of interpreters for a large number of foreign languages as needed. Linguistic barriers have not posed barriers to the foster home recruitment / licensing process.

VI. Non discriminatory fee structure

There is no fee for the foster care program.

VII. Procedures for a timely search for prospective parents for a waiting child.

The goal is to sufficiently increase the pool of available foster homes in order to facilitate the matching of children entering foster care with culturally similar families from the same geographical community as the child.

FISCAL YEAR 2008 FOSTER PARENT RECRUITMENT ACTIVITIES –

For Fiscal Year 2008, the following activities and strategies are planned for continued generic foster parent recruitment efforts:

- Participation in monthly Foster Care/Adoption Task Force Meetings convened by Adoption Rhode Island and the Rhode Island Foster Parents Association
- Monthly Informational Meetings on Foster Care and Adoption in partnership with Adoption RI at the DCYF Region 3 Office;
- Print Advertising – Providence Journal and also several smaller, localized papers such as the Cranston Herald, The East Side Monthly, etc.
- Print Advertising – in special interest monthly/quarterly publications such as “Parenting Matters”
- Television and radio PSAs – as donated by local networks and radio stations
- Recruitment booths – at least monthly and at a variety of organizations/settings. These vary from year to year but include a wide variety of events and audiences, e.g., Governor’s Bay Day, Heritage Festival, Bradley Hospital Parenting Matters Conference, church groups, school groups, etc.
- Informational Meetings on Foster Care in partnership with Communities for People, Children’s Friend & Service, Adoption Rhode Island, Urban League. These are not scheduled on any regular basis but at least once or twice a year with these agencies.
- In addition, we are currently receiving T/TA from Lori Lutz with the National Resource Center on Family Centered Practice and Permanency Planning regarding recruitment and retention of foster and adoptive parents. Some new ideas were generated in our first meeting that we look forward to putting into action in 2008, e.g:
 - holding “fosterware” parties – information meetings that take place in the homes of experienced foster and adoptive parents, allowing for a less formal atmosphere and an opportunity to meet current foster parents and hear about their experiences first hand.
 - review and revise our messaging to better reflect what we are asking our foster parents to do, e.g. “help a family” rather than “save a child”
 - revising our informational packet to include vignettes written by foster families and foster children
 - developing additional materials that could be included in an informational packet, e.g., a FAQ page, a description of training
 - reviewing and revising the application process in an effort to build in earlier and more regular personal contact
 - exploring ways of working more closely with our CPAs around statewide recruitment efforts

MULTI-ETHNIC PLACEMENT PLAN

Comprehensive Recruitment Plan

I. Objective: DCYF will maintain a description of the characteristics of waiting children.

The RICHIST data base includes the following information on every child: age, race/ethnicity, sibling group, current placement, and clinical descriptors such as sexual abuse, physical abuse and/or neglect. Since the inception of RICHIST in August of 1997, the Department has been incorporating Adoption related information into the system in keeping with this objective. In 2004, new reports that were requested to be created in RICHIST include:

- Number of children with the goal of adoption;
- Names of children with the goal of adoption;
- Number of adoption disruptions (pre-finalization);
- Number of adoption dissolutions (post-finalization); as well as a
- Breakdown of the numbers of disrupted and dissolved adoptions to identify whether they were foster care adoptions and stranger adoptions.

Since September of 2005, a Pending Adoptions report has been made available to staff in the Adoption Unit. Based on this report we can state that as of June 6, 2007, there are currently 410 children with the approved case plan goal of adoption. Of that number, 315 had an approved adoption registration. Of the 315 with an approved adoption registration, 55 were going to be adopted by their foster family, 45 were going to be adopted by their relative foster family and 182 were listed as needing an adoptive resource. (The remaining 33 had no plan listed.)

The racial mix of the 182 children needing adoptive resources is 52 African- American or African-American/White, 117 Caucasian, 6 Native American, 0 Asian and 7 for whom the race was “undetermined”.

Of the 182 needing an adoptive resource, 30 children have already been placed in pre-adoptive homes, 46 are matched and visiting, 20 are on hold for reasons having to do with the child’s needs, leaving 86 children for whom we are actively recruiting adoptive resources.

The RICHIST data base includes data on all freed for adoption and legal risk children. Additionally, it provides the Department with ongoing statistical information which can aid in improving adoption practice.

DCYF works with our community partners to develop or contract for placement resources in a creative way to meet what we feel are the presenting needs of the children and youth at a particular point in time; with now-available data and some more planful design on a systems basis, we can be even more effective. We will soon be in a position to better target recruitment in terms of type of placement and other resources needed in various cities and towns throughout Rhode Island.

II. Objective: The Department of Children, Youth and Families will ensure a timely search for an adoptive placement for a waiting child while providing that placement of a child in an appropriate household is not delayed by the search for the same race or ethnic placement.

DCYF continues to maintain and expand its data base of waiting families. DCYF children are registered with appropriate exchanges, including Adoption Rhode Island, AdoptUSKids, both private and contracted agencies and regional exchanges. Exchanges have expanded their services to include websites and these resources are also being utilized in our efforts to place waiting children. In order to assure that all professionals working to promote adoptive resources are kept abreast of updates, a review of Waiting Families and Waiting Children is conducted every eight weeks with DCYF's Adoption Preparation and Support Unit, Adoption RI and other contracted providers.

Clinical Training Specialists are available for case consultations on an ongoing basis. At the present time, telephone consultations occur on an almost daily basis, and staff are always available to set up consultations regarding specific cases and/or issues. In addition, Adoption Preparation and Support staff continue holding regularly scheduled meetings in the various Regional offices. These meetings afford an opportunity for FSU staff to bring cases and issues for discussion on a less formal basis, and will also provide a forum for training FSU staff and supervisors on adoption issues and procedures.

In conjunction with Adoption RI, DCYF continues to conduct child specific recruitment on a case-by-case basis, utilizing television, newspapers and other methods to locate homes for specific children. Some of the children who might need this type of recruitment include physically challenged children. In addition to recruiting homes for these children, DCYF will also conduct individual training and home studies to further facilitate the placement of these children.

Rhode Island is involved in new initiatives in recruiting adoptive resources. DCYF sponsored Adoption Rhode Island in a successful application for a Wendy's Wonderful Recruiter. The three year grant has enabled ARI to hire a full-time recruiter with the special task of locating resources for older children and children who have been waiting the longest.

The second initiative is related to the first. In March of 2006 year, twenty DCYF staff members attended a workshop given by Kevin Campbell on techniques he has developed to search for permanent connections for children in their own histories. The Department hopes to be able to bring Mr. Campbell to Rhode Island to inform and train staff on using his Family Finding search methods and techniques. The Dave Thomas Foundation is also interested in the Family finding methods. The Wendy's Wonderful Recruiter uses these methods in "mining" the child's DCYF records for past connections who could possibly become a resource or lead to a resource in the present.

"Adoption Grams" are utilized as a method for disseminating information about adoption among the staff of DCYF. E.g., adoption policy, legislative updates concerning permanency planning, information about special events such as National Adoption Month activities are all disseminated

via “Adoption Grams”. Along with the “Adoption Grams”, an Adoption News page is part of the DCYF intranet website. This web page is utilized as a method of communicating with staff about the waiting families and to relate stories about children’s positive adoption experiences.

Permanent connections for children may also be achieved through a Visiting Resource Program. Families who are matched for the initial purpose of visiting with a child, may consider adoption of the child in the future or may continue as valuable resource and support to a family who comes forward to adopt the child. “Tuesday’s Child” airs a Visiting Resource segment several times per year. An information meeting is also held several times per year. Families are screened and assessed , and clearances are done. Visiting Resource Families are “advertised” over departmental email. Social Workers are able to identify an appropriate visiting family for their child to visit. Approximately 25% of Visiting Resource Families go on to become Adoptive Resources for the children whom they visit.

In addition to the Visiting Resource Program run through DCYF, our Department in collaboration with the Rhode Island Foster Parents Association, Casey Family Services and RICORP has established the Real Connections program. Real Connections pairs caring adults with youth (ages 16 -21) in transition from substitute care with the goal of providing an adult connection who can assist the youth in this transition period and also remain as a caring adult as the youth moves into the adult world.

In an effort to ensure timely placements for children, Rhode Island’s adoption resource exchange, Adoption Rhode Island, together with RI DCYF, has led the way in organizing regional adoption matching meetings among the New England states. At these meetings, attending states have the opportunity to present selected waiting children and also some of the waiting families from their state. Potential matches have been identified at these meetings. Feedback from the states has been positive and the plan is to continue these meetings on a regular basis.

Rhode Island is also participating in Regional Roundtables sponsored by AdoptUsKids. These roundtables afford an opportunity for adoption staff from the New England states to meet to discuss issues of recruitment, inter-jurisdictional placements, adoption subsidy issues, etc. The next meeting will be held on August 23, 2007.

III. Objective: DCYF will implement specific strategies in order to reach all parties in a diverse community.

Advertising is crucial to recruitment efforts. DCYF staff in conjunction with Adoption Rhode Island make regular television and radio appearances to inform members of minority populations of events and recruitment activities such as regular information meetings and Minority Recruitment Fairs, such as the one conducted by the Urban League of RI, an agency that contracts with DCYF to increase resources for waiting minority children.

Other recruitment efforts are in process. DCYF staff, along with Adoption RI and Urban League of Rhode Island staff are speaking at various minority organizations. Adoption RI has developed a “Youth Speaks Out” panel made of teens and young adults. All have come through the DCYF

foster care system and several have been adopted. They “speak out” very poignantly for the need for adoption and take their stories to many diverse groups.

The business community is an area that we have only begun to tap in terms of recruitment efforts. Local Post Offices in RI have assisted in the promotion of Adoption Information. Attempts to conduct on-site recruitment at area businesses employing significant numbers of minority personnel are still in process.

IV. Objective: DCYF will implement methods for disseminating both general and child specific information.

DCYF contracts with Adoption RI for specific recruitment on local television and in daily and weekly regional newspapers. Information on specific children is made available to the new AdoptUSKids! Website, a service of the Children’s Bureau. With the assistance of a mini-grant from the Children’s Bureau and AdoptUSkids, Adoption Rhode Island is in the process of developing video capacity on its website. This innovation will allow perspective adoptive families to see the available children at play, interacting with others and to hear the children as they speak about their desire for an adoptive family.

Since 2002, Adoption RI has been promoting a campaign specifically targeted to finding homes for minority children. The campaign has produced and disseminated brochures and conducted advertising focusing on the minority children who are waiting for adoptive homes.

A team of adoptive parents is presently working with staff from Adoption Rhode Island to promote awareness about special needs adoption through the state library system. They are holding recruitment events in several libraries throughout the state and are ensuring that libraries maintain and make available current photolistsings of waiting children.

DCYF and Adoption Rhode Island produced a second annual “Heart Gallery”, portraits of twenty of the longest waiting children. The Second Annual Heart Gallery opening was in November of 2006. The portraits were displayed in the Rotunda of the Rhode Island State House during National Adoption Month. Since that time the Heart Gallery has been on tour at various locations within the state including Hasbro Headquarters, Cardi’s Furniture, Talbot’s clothing store in Providence Place Mall, and several other locations. In May a gala reception was held for the opening of the Heart Gallery at the newly restored botanical exhibit at the Roger Williams Zoo. The tour will continue until November when the opening for the Third Annual Heart Gallery is planned. The Heart Gallery has generated a great deal of interest in foster care and adoption and, most importantly, several of the children appearing in the gallery, have found resource families. On National Adoption Day, 2006, adoptions were finalized for two of our longest waiting teens who had appeared in the 2005 Heart Gallery.

V. Objective: DCYF will implement strategies assuring that all prospective parents have access to the homestudy process, and that training and recruitment are regionally-based.

The adoption application has been modified to be more inclusive. The terms “parent one” and “parent two” have been substituted for “husband” and “wife,” providing greater openness to

alternative family styles. Child centered, culturally sensitive language has been included. The Department has been successful in promoting the formation of support groups among non-traditional participants. Information/recruitment meetings include specific information regarding single and gay/lesbian adoptions.

Despite the fact that Rhode Island is small in size, it is important to try and reach individuals in their home regions. Adoption information meetings are currently being held in two areas of the state. We now hold dual Foster Care/Adoption Information Meetings in three regions within the state. This provides easier access for families, and allows for the possibility of a more expedient response to interested families. Cox Cable, reaching a state-wide audience, regularly advertises Adoption RI's information meetings as part of their public service announcements. The cable network has also spotlighted panel discussions/presentations of adoption topics throughout the year. Rhode Island's most prominent television station, Channel 10, promotes "Tuesday's Child" on a weekly basis to its audience throughout the state and southeastern Massachusetts.

Clinical Training Specialists work on flexible schedules in order to meet the needs of working parents. Training is offered in the evenings and on Saturdays with home visits scheduled to the needs of the families. Individual at-home or on-site preparation can be done in order to meet special circumstances. At the present time, 5 Clinical Training Specialists lead Adoption Preparation Groups. During the past year we have extended our training groups to include all four regions in the state.

Approximately 80% of DCYF adoptions are foster parent/kinship adoptions. In order to offer further support to these resource families, a curriculum is being developed dealing specifically with the issue of moving from fostering to adoption.

Responsibility for Foster Parent training was moved in 2000 to the unit that was already providing training to Adoptive and Visiting Resource families. This move has proven to be effective in maximizing the use of staff time and in offering a continuum of training and support opportunities to all resource families. Dual training of Foster, Kinship and Adoptive families was instituted in January, 2002. Dual training emphasizes the continuum of care, and demonstrates the importance of all resource providers. It supports families in their chosen role, providing them with the information they need at the present and that they will/may need in the future as their role changes.

In an effort to improve permanency outcomes for children and youth in state care, the Department is working to establish a Permanency Support Division that will include regionally-based permanency support teams. The internal division will be created through merging the present Adoption & Foster Care Preparation and Support Unit and the present Adoption Services Unit. In addition to combining the skills and expertise of these two units, the regional teams would also include community providers who are dedicated to promoting, developing and supporting a range of permanency outcomes for our children and youth.

VI. Objective: The Department of Children, Youth and Families will design and implement a staff training program in order to prepare staff to work with diverse cultural, racial and economic populations.

More formalized coordination of training opportunities for certain populations of applicants and further exploration of innovative training options may lead to stronger and more timely delivery of foster care and adoption training services (pre and post licensing/adoption).

Tasks in this area involve agencies from the minority community in curricula development, training staff on Cultural Sensitivity Issues, involving minority staff in family preparation/racial issues and training on Culturally Appropriate Adoption Placement Considerations. Training regarding Cultural Sensitivity is being done through the newly formed Child Welfare Institute and includes Cultural Sensitivity for Staff, Cultural Sensitivity for Supervisors and Management, and Building Awareness of and Working with Gays and Lesbians. The expanded Pre-Service Orientation for new DCYF workers that is now conducted by the Child Welfare Institute, offers two pertinent sessions - Values Clarification and Diversity - aimed at preparing new workers to engage with families of diverse races, cultures and backgrounds.

Additional training is being planned to target issues related to educating both staff and potential pre-adoptive families regarding: Legal Risk Placements; Issue Specific Training on a Unit-by-Unit basis; and Agency specific training for DCYF Supervisors and Family Service social workers. In April of 2003, a 3 day training on adoption issues was offered for DCYF supervisors. The training was sponsored by Children's Friend and Service, Casey Family Service and DCYF, and staff from each of these agencies.

More than half of DCYF's foster parents are, in fact, kinship caregivers. DCYF staff and resource providers need training specifically around issues involved in working with kinship caregivers. DCYF's Kinship Policy as well as its Concurrent Planning efforts and policy provide a strong basis for training our own agency staff and provider agencies. Kinship Care issues have a significant place in the training offered to new staff as part of the orientation training done under the aegis of the Child Welfare Training Institute and in the dual training Pre-Service Orientation offered to foster and adoptive families.

Though much has been and is being done, DCYF recognizes the need for continuing efforts to improve services to adoptive families and children. For several years we have been working to establish an Adoption and Foster Care Certification Program here in Rhode Island. The Program, a collaboration between DCYF, the Rhode Island College School of Social Work – Continuing Education, and Adoption Rhode Island, has now been implemented. The goal of this program is to provide focused training in order to increase the numbers of clinicians in the state who have expertise in dealing with foster care and adoption issues.

FISCAL YEAR 2008 PLANNED RECRUITMENT ACTIVITIES FOR ADOPTIVE PARENTS –

The following activities are planned for continued recruitment of families and individuals interested in becoming adoptive parents:

- Participation in monthly Foster Care/Adoption Task Force Meetings convened by Adoption Rhode Island and the Rhode Island Foster Parents Association
- Monthly Informational Meetings on Foster Care and Adoption in partnership with Adoption RI at the DCYF Region III Office in North Kingstown
- Monthly Informational Meetings on Adoption held at Adoption Rhode Island's offices in Pawtucket
- Heart Gallery – photos of some of the children who have been waiting the longest for permanency. A new Heart Gallery is produced in November of each year and then circulates to a wide variety of locations across the state during the following calendar year. Some of the locations include the State House, Cardi's Furniture stores, libraries, Providence Place Mall, etc.
- Tuesday's Child – a segment aired regularly on a local TV station featuring a waiting child or an adoptive family
- Wednesday's Child – a feature run at irregular intervals in the Providence Journal to highlight a waiting child
- Adoption Rhode Island website – features pictures of children in need of permanency as well as information regarding the adoption process
- AdoptUsKids website – a national website that features children from all over the United States including children from Rhode Island
- MARE – Massachusetts Adoption Resource Exchange also lists some RI children
- Recruitment booths at a variety of organizations/settings. These vary from year to year but include a wide variety of events and audiences.
- Television and radio PSAs – as donated by local networks and radio stations
- In addition, the Department is currently receiving technical assistance from the National Resource Center on Family-Centered Practice and Permanency Planning regarding recruitment and retention of foster and adoptive parents. Some new ideas are already being considered for implementation during FY 08, e.g:
 - holding “adoptionware” parties – information meetings that take place in the homes of experienced adoptive parents, allowing for a less formal atmosphere and an opportunity to meet current adoptive parents and hear about their experiences first hand.

- review and revise our messaging to better reflect what we are looking for in our adoptive families
- revising our informational packet to include vignettes written by adoptive families and adopted children
- developing additional materials that could be included in an informational packet, e.g., a FAQ page, a description of training
- exploring ways of further combining foster care and adoption recruitment

Chafee Foster Care Independence Program Education and Training Voucher Program

Progress Report for FY 2007

Last April, Director Patricia Martinez convened a group of independent living program providers, DCYF staff and other strategic partners such as the Corporation for Supportive Housing and the RI Housing and Mortgage Financing Corporation. This group provided invaluable insight into the successes and challenges of our existing ILP Model and explored alternative models which leverage resources from strategic partners.

Additionally, a number of other initiatives began or were reconvened. All of these involve collaboration with a number of agencies focused on various aspects of services to older youth transitioning from DCYF care. These initiatives included:

- The Partnership with the Transition Council of the Department of Education to plan transitional services for seriously emotionally disturbed (SED) youth to adult services
- The Youth Development Advisory Committee to the Children's Cabinet
- The Shared Youth Vision Youth Forum Committee with the Department of Labor
- The subcommittee of the Workforce Investment Boards Youth Councils to plan 2 One Stop Centers dedicated to servicing and meeting the needs of youth

Many of these committees continue to meet and to develop and to work toward specific goals, such as transition to the Mental Health System, development of training and employment, and integration of educational services.

The FY 2008 Budget approved by the General Assembly limits the jurisdiction of the Family Court for youth who are age 18 and older and are not involved with the Department solely for reasons related to juvenile delinquency. These limitations also require the Department to continue to provide access to services for youth age 18 to 21 identified as seriously emotionally disturbed and/or developmentally disabled as well as for youth age 18 to 21 who are involved with the Department for reasons of abuse, dependency and neglect if a youth elects to continue to be involved with the Department. However, the Assembly provided the Department with a capped amount of funds, \$10.5 million, to provide such services. The Department has also developed a proposal to revamp our independent living model which calls for greater accountability of providers, strong focus on youth accountability and responsibility and a greater emphasis on setting realistic expectations for youth. The model will be an integral part of the Department's RFP for a new care network.

INDEPENDENT LIVING PROGRAM ACTIVITIES

The DCYF continued its efforts, during the past year, to enhance the preparation of youth transitioning to independence. During this time, services continue to be more integrated and expanded.

The Independent Living Coordinator

The Independent Living Coordinator is responsible for the implementation of the Independent Living Program. John P.O'Riley continues the duties of Independent Living Coordinator, with Kathi M.Crowe continuing as the Department's Youth Development Consultant.

The Independent Living Policy

The Independent Living Policy was promulgated and became effective August 31, 1998. Training regarding the policy and its implementation has been provided by Kathi Crowe to Regional Directors, Family Service Unit Supervisors and Administrative Review Unit staff.

The Policy is integrated into the service plan through the Transitional Living Plan and the Discharge Plan. The Transitional Living Plan is developed and reviewed in conjunction with the service plan every six months following a youth's sixteenth birthday. The Transition Plan documents whether a youth's life skills have been assessed, indicates the assessment results and identifies specific strategies which are being implemented to address the needs identified through the assessment process.

The Discharge Plan is developed for every youth aged sixteen and older, six months prior to their discharge from care. It addresses anticipated living arrangements, expenses and income of the youth as well as additional supports that exist or are needed for the youth to transition from care successfully. Youth are also assisted in obtaining essential documents such as birth certificates, social security cards, medical and educational records.

The Transitional Living Plan and the Discharge Plan are developed in partnership with the youth and the Family Service Unit worker and are reviewed at the Administrative Reviews of the service plan. They are attached to the service plan and become part of the case record for youth aged sixteen and older.

During the reporting period, continued progress has been made in training staff and tracking this process in strengthening and enhancing the Department's ability to provide services to youth as they transition toward self-sufficiency. We have been able through discussion and feedback with the ARU supervisor to assist casework staff to understand the process and identify problems in interpreting policy, as well as providing training to staff on the process to improve implementation. Due to the change in our statutory role regarding youth 18 and over, the Department will be making necessary revisions to these policies to ensure that youth are prepared with a transition plan, and that eligible youth are provided appropriate services.

Life Skill Assessment & Curriculum

A standardized life skills assessment instrument and curriculum is used with all youth in out-of-home care, aged sixteen and older. The assessment and curriculum are software-based. The assessment covers fourteen skill areas in the ninety question interview format. After the interview assessment has been completed, the results are entered into the computer which produces a report indicating the percentages of correct answers the youth achieved within each

category. An additional report, the Skill Plan Printout, provides a goal and corresponding strategies for every question the youth answered wrong.

The curriculum, Curriculum and Lessons for Attaining Self-Sufficiency (CLASS) provides life skill instructors with 78 lesson plans, handouts, sample activities, pre and post tests, and other tools to assist staff in teaching life skills classes in the same fourteen categories that have been assessed. Following the completion of the curriculum, youth are reassessed using the initial assessment instrument. Copies of the initial assessment, the skill plan printout, and the reassessment results are sent to the IL Coordinator, who passes them on to the DCYF worker. The worker uses the assessment results to develop the Transitional Living Plan.

During the reporting period, we continued to ensure that all involved are aware of the policy and how it is to be carried out. Due to the change in our statutory role regarding youth 18 and over, the Department recognizes that these policies will need to be reviewed and revised as appropriate.

Foster Care -Life Skills Center

Youth residing in foster care are assessed using the same instrument. The DCYF provides the Life Skills Center program through a contract with the RI Foster Parents Association and youth are referred to the program by the Family Service Unit worker, the foster parent; or, the youth may contact them directly. Upon receipt of a referral the Life Skills Center staff schedule an appointment to complete the assessment and to enroll the youth in the Life Skills Center program.

The Life Skills Center utilizes the CLASS curriculum and conducts classes Monday through Thursday from 3:30-6:30. Youth attend either a Monday and Wednesday session or a Tuesday and Thursday session for twenty weeks, receiving six hours weekly and 100 hours total life skills education, which includes, among the fourteen skill areas, the topics of budgeting, housing and career planning. Field trips and guest speakers supplement the CLASS Curriculum. The Life Skills Center provides transportation to and from classes by employing foster parents who are hired for that purpose.

Outreach is made by the Independent Living Coordinator, who notifies all Family Service Unit workers and supervisors of the program registration dates through e-mail, and by the Center program staff, who post announcements and information about the classes in the Foster Parent Newsletter and at other gatherings of foster parents. Staff at the Life Skills Center also make outreach calls to youth and foster parents identified through Department MIS reports.

Upon completion of the Life Skills Center program, youth attend a graduation ceremony, which includes a banquet, speakers and a disc-jockey for dancing. Youth are encouraged to invite their families, foster families, social workers and other supportive persons. They are awarded with a completion certificate and a completion stipend of \$200.

Thirty (30) youth have graduated from the Life Skills Center program during the year, to date. It is projected that approximately sixty youth will graduate by the end of the fiscal year in October 2007.

Group Care-Life Skills Center

The Rhode Island Council of Resource Providers for Children and Youth and Families (RICORP) provides life skills training for youth residing in group facilities and independent living programs. This allows the same life skills curriculum to be provided to both, youth in group care and in foster care.

During this year, forty-four (44) youth have graduated with a total of 60 projected to complete the training by the end of the year in October.

Alumni Programs

Alumni Programs for both the RICORP and Foster Parent Association Program have continued through the current year. They provide further life skills training for all graduates on a monthly basis and involve the youth in making decisions about the training. They also allow for follow up contact on a regular basis and provide support and direction for a number of youth. It has been a long term goal that this could be developed into a more formal mentoring program in the future.

During the year, we have utilized both centers to initiate referrals to a number of other programs partners. An average of 12-15 youth participated in the monthly events and meetings.

The two centers have now moved into combined office space to enhance coordination and collaborative efforts to better serve youth. It is planned that more collaboration, through combined regular meeting, between the centers and the IL Coordinator will provide better coordination and feedback to improve efforts to provide a continuum of support for the youth served.

Work Opportunities Unlimited (WOU)

The Department contracted with RICORP to provide career and employment related services to youth in out of home care. RICORP subcontracted this function to Work Opportunities Unlimited (WOU), which is an agency with the goal of providing opportunities for youth to enter employment and paid internships for the purpose of career development and exploration. Through established partnerships with employers, job experiences are tailored to the individual's interests and skills. Historically WOU staff have been exemplary in their ability to meet the needs of these youth.

However, circumstances changed this year with new leadership at WOU, and this has led to a dramatic dropoff in the quality of service as well as the quantity of youth served. A review of statistics provided by WOU showed that only 26 youth participated in the program between 7/1/06 and 5/30/07. Of those, only half were considered successful graduates. As well, most were minimally employed.

These changes raised significant concerns on the part of the Department; and as a result, RICORP ended the contract with WOU on May 30th. We are now focusing on our work with the Department of Labor and Training and other state and private agencies to develop a more comprehensive approach to career and employment services for these youth.

Jim Casey Youth Opportunities Initiative

This new initiative has been launched. Its goal is to provide connections (door openers) to youth aging out of care with an array of other services and funding to assist them to develop life long connections with adults who can assist in the transition.

The plan is to serve 75 youth per year and to provide for 225 youth over a 3 year cycle. DCYF partners from the Foster Parents Association, RICORP and Work Opportunities have been recruited to provide case management for the project.

Each youth enrolled will receive training in Financial Literacy. A bank account will be established with matching funds being provided by the program. The initiative will also provide opportunities and resources to assist with housing, jobs, and education, as well as promoting awareness of the challenges faced by youth "Aging Out" of foster care.

The program is into its' third year and has exceeded the original goal in terms of numbers. It is anticipated that it will continue to enhance resources for youth in transition.

AS220

AS220 is an arts program which provides opportunities to youth in the community to develop artistic talents and to express themselves in a number of ways. The IL program has a contract which provides a stipend for youth who demonstrate initiative and interest after a period of volunteer involvement. These youth are given the opportunity to work with adult artists and entrepreneurs to develop skills in art and business and to eventually produce a product which can be sold for profit.

During this current year, 20-40 youth will continue to be engaged in this process.

Teen Grant

The Teen Grant Program provides grants up to \$400 for youths in foster care, aged 14 through 20. The Teen Grant Program is contracted through the RI Foster Parent Association. The program is advertised regularly through the Foster Parent Association newsletter and via e-mail to DCYF staff.

Referrals are made by youth to a committee made up of youth, staff and foster parents, who determine awards base upon a written application from the youth/applicant as to why the request should be granted.

Grants are also made for what has been called “Educational Entitlements”, including books and supplies for colleges not covered by our Higher Education Grant.

Youth Advisory Board

The Youth Advisory Board meets regularly with Kathi Crowe. Youth age sixteen and older are nominated by their Department workers, foster parents, placements or by other youth. Nominated youth complete an application and are then interviewed by current Board members regarding their skills and commitment to the Board.

Accomplishments for the year for the Board were:

1. The maintaining and staffing of the a storage site (FIRST STOP) for household items for youth for start up of their own apartment.
2. Continuing to be involved in training and promoting the Board and a voice for youth.

The First Stop Program, which began about four years ago, was a joint partnership between the Youth Advisory Board and The Rhode Island Foster Parents Association, receiving most of its items through private donations. The youth from the YAB provided time to staff the program and were given a stipend per hour for their time. Until recently, the program appeared to be serving a need and the hope was that it could be expanded to provide larger items in the future. Unfortunately, the private donations used to support the program have not been sufficient to maintain ongoing funding. It closed at the end of May.

The Rhode Island DCYF Higher Education Opportunity Incentive Grant Program

The Rhode Island DCYF Higher Education Opportunity Incentive Grant Program was enacted through legislation passed by the state legislature. It established a fund to provide grants to be awarded to youth in DCYF custody who are accepted and attend the three state run institutions of higher education (The Community College of Rhode Island, Rhode Island College, and The University of Rhode Island), full time.

The program is administered through The DCYF Independent Living Coordinator, with the Coordinator and the Independent Living Consultant designated by the Director as Co-Chairs of the Grant Committee, consisting of the Financial Aid Officers of the Colleges and representatives of the Commissioners of Primary and Secondary and Higher Education.

The Education Opportunity fund had grown to \$200,000.00 after four years and continues at that level with the enactment of the SFY 2008 budget. This fund provides that any youth under custody for two years who continues to maintain their grades will receive tuition assistance to continue their education. Because of the statutory changes in the Department’s role regarding

youth 18 and over, there are changes anticipated in how the funds will be administered and distributed. Those changes are being considered at this time.

The Department is also exploring opportunities with strategic partners on developing support services for these youth outside of the care of DCYF. This includes working with the state's "housing community" on housing related issues and with our Medicaid agency on developing a mechanism to continue Medicaid coverage through the Rite Care Program.

During the period from October 1, 2006 to the present, 85 students have received assistance in attending CCRI, URI, and RIC. Approximately \$ 200,000.00 was expended for this purpose.

Staff Training

Kathi M. Crowe, MSW, LICSW, provides training and technical assistance to the Department and to its contracted programs in the area of Independent Living. Ms. Crowe trains and consults nationally on a variety of topics related to provision of services to adolescents. She serves on the Board of Directors of the National Independent Living Association.

Ms. Crowe provides training in two core curricula which are offered to Department family service casework staff and to contracted Independent Living providers. "Pass It On" is a three-day seminar which covers core concepts essential to the understanding of issues involved in preparing youth for their exit from care. The curriculum has a strong base in positive youth development concepts and includes topics of adolescent development, self-esteem, developing values, assessing life skills, effective teaching techniques, decision-making, and the impact of loss and grief on the transition to adulthood.

The second core curriculum, "The Next Step", was developed as an advanced follow-up seminar for those staff who have completed "Pass It On". The three-day seminar includes concepts of positive youth development, youth empowerment in casework practice, adult attitudes towards youth, assisting youth with career interest assessments and career development, and the development of a personal support system for youth preparing for the exit from care.

The training also reviews the Department's Independent Living Policy and trains staff in completing the Transitional Living Plan and the Discharge Plan. Staff are also provided with information regarding a variety of resources for their adolescents.

Training was provided to 75 Department staff in these two core curriculums during the reporting period. Forty staff completed "Pass It On" and 31 completed "The Next Step". A seminar, "Establishing and Maintaining Professional Boundaries with Youth" which includes material regarding the development of an appropriate relationship with youth, was provided to 16 staff.

Additionally, training specific to the Independent Living Policy, the Transitional Living Plan, and the Discharge Plan was provided to our Regional Directors and Supervisors. Follow-up training was provided to Family Service Unit staff in each Region.

All training has been integrated with the Child Welfare Institute and funded with the Department's training budget, which allow Chafee funds to be dedicated to other programs.

Youth from the Youth Advisory Board are also becoming part of the training for staff, foster parents, and adoptive parents.

Education and Training Vouchers

Education and Training Vouchers have been utilized in a variety of ways and for a number of schools. Thus far, a total of \$100,000.00 has been expended with a number of new applications for the academic year beginning in September.

The DCYF continues to look for ways to make staff, youth and outside agencies aware of the availability of funds and plan to follow up with all contacts to insure extensive promotion for the new academic year.

In developing the process for a continuum for education, job placement and training, we believe we are developing a built in referral process for Educational and Training Voucher funds. As it is determined what youth would like to achieve in terms of career path, then what training or education will be needed will also become clear.

Additional Information

During the reporting period the following are statistics representing youth in care:

• Total youth in out of home care	2859
• White Youth	1787
• African American	613
• Native American	49
• Alaskan	0
• Youth between Ages of 16-21	1069
• Youth between Ages of 14-21	1513
• Males 16-21	550
• Females 16-21	450

The Chafee Independent Living funds provide essential services to youth preparing for their transition out of care. The funds have been used to develop a state-wide coordinated approach to independent living preparation. All of the activities described in Section I have been initiated as a result of the availability of Chafee Independent Living funds.

The comprehensive instrument for life skills assessment and an intensive ninety-six hour curriculum have continued to enable the life skills program to be offered and provided consistently to youth aged sixteen and older, throughout the state, regardless of living situation.

Youth in foster care, are provided the same assessment and curriculum as youth residing in group care. Federal dollars are used to provide the \$200 completion incentive for youth.

Outreach efforts are also provided by RI Foster Parents Association through promotion of the Life Skills Center and the Teen Grant Program in their newsletter. The Youth Advisory Board is promoted by the IL Coordinator through recruitment, mailings to providers and their youth and via e-mailings to all DCYF staff. DCYF staff also receive e-mail promotions regarding all Independent Living Program activities.

Chafee Eligibility

All youth 16 to 18 years of age, and residing in out-of-home care are eligible for independent living services. All services are also made available to Native American youth 16 to 18 years of age.

Notwithstanding the legislative changes regarding the Family Court's jurisdiction regarding youth 18 years and older, the Department has established an interim policy for addressing the needs of these youth to ensure that they are not prematurely closed to services without linkages to other appropriate resources; older youth may still elect to access services through the Department between the ages of 18-21. This same alternative applies to Native American youth in that age group.

Progress on Goals and Objectives for Year 2007 – 2008

- To continue all programs active during 2006-2007 including:
 - Teen Grant
 - Life Skills (Foster)
 - Life Skills (RICORP)
 - DLT Shared Vision for Youth
 - Jim Casey Youth Opportunities Initiative
 - Staff, Foster and Adoptive Parent Training (funded through other state resources)
 - Youth Advisory Board
 - AS 220 Artworks
 - Higher Education Opportunity Incentive Grant
 - Education and Training Vouchers
- Collaborate with MIS to implement the requirements of the National Youth in Transition Database (NYTD)
- Continue to improve the process for outreach and follow up for educational vouchers and integrate the process with our state funded Higher Ed Grant in regard to policy and procedures and other partner agencies. - Ongoing
- Promote safety, permanence and well-being for older youth as achievable goals which will require departmental and community support. - Ongoing
- Reaffirm and promote concurrent planning for older youth in care to insure that they achieve permanence and the skills required to be successful as adults. - Ongoing

- Develop effective means of providing access to services for youth aging out of Foster Care at age 18 who elect to maintain a relationship with the Department on a voluntary basis.
- Shift the Department's out-of-home care models to more intensively focus on preparing youth for successful adulthood.

Long Term Program Goals

1. Identify additional sources of funding and advocate for additional funding
2. Improve linkage between programs to provide consistency and insure continuity
3. Through enhanced and strengthened relationships with community partners and agencies, we will create and enhance a continuum and a framework which will provide assessment and determination of necessary services to assist youth to successful outcomes in:
 - a) Education
 - b) Training and Career Development
 - c) Treatment for Medical Conditions, both physical and mental
 - d) Housing
 - e) Development of a Social Support Network to Assist After Discharge

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM – EDUCATION AND TRAINING VOUCHER PROGRAM

Application for FY 2008

The Rhode Island Department of Children, Youth and Families (DCYF) is the state agency in Rhode Island which is charged with providing services to assist families to meet the needs for the safety, protection, and well-being of children, when the family is unable to meet these responsibilities. The DCYF is the designated agency to administer the Chafee Foster Care Independence Program and the Educational and Training Voucher Initiative. The federal public policy and funding initiatives are aligned under the Department's Goals 3 and 4 of the Child and Family Service Program Improvement Plan.

GOAL 3 – Promote adoption or other planned living arrangement
when reunification is not achievable.

GOAL 4 – Transition all children and youth from public supported care with the
supports, skills, and competencies in place to ensure stability and
permanency.

DCYF agrees to cooperate in national evaluations of the programs implemented.

Programs Designed and Conducted to Achieve the Purposes of Section 477(b)(2)(A) and 477(a)(1-5) of the Act to:

a.) Help youth make the transition to self-sufficiency.

It is the goal of the Department that youth likely to transition to adulthood from the Department's care are prepared for a self-sufficient and productive adult life.

The changes to Family Court jurisdiction identified previously will require a change in the manner in which the Department works with youth over the age of 18. Those youth may voluntarily agree to accept services until they attain the age of 21 from the Department within the budgetary limits which has been put into place by the Legislature.

It is the policy of the DCYF that all youth 16 and over in out-of-home care participate in a life skills assessment utilizing the Daniel Memorial Life Skills Assessment tool. Following the assessment, each youth is offered an opportunity to participate in the Daniel Memorial Life Skills Training Curriculum which provides 100 hours of formal instruction in 14 skill areas, including: educational planning, housing, and interpersonal skills. Concurrent with formal life skill training, through contracted services, utilizing state funds, DCYF provides a continuum of placements which allow for the learning and practicing of skills necessary to live independently.

Placements include: shelters, group homes, supervised apartments and independent scattered site apartments, as well as hospitals, residential centers, relative foster care and non relative foster care.

Within each level, services include: case management, supervision and support, counseling and guidance, room and board, medical coverage, life skills, individual and group therapy, and assistance with access to educational, employment, and transitional services. All of the placement services are provided with state funding, which allows limited Chafee Foster Care Independence Program (CFCIP) funds to be utilized to fund services not available with other funding.

At each level of care, goals and expectations are set to move toward self-sufficiency. From group home to supervised apartment to independent living there is increase in the amount of control and responsibility each participant is required to assume and a decrease in the level of supervision and support provided. Throughout the continuum, an array of services including supervision, counseling, guidance, and support consistent with the youth needs are provided to assist in acquiring the skills to move to the next level toward self-sufficiency.

A Transitional Living Plan is also developed in conjunction with the youth's case plan. This plan is developed by the DCYF social worker in consultation with the youth and other significant agencies and individuals. A Discharge Plan is developed, in a similar manner six months prior to discharge to ensure that all goals for discharge have been met and all necessary supports anticipated are in place.

This Case Plan, including the Transitional Living Plan and Discharge Plan, is reviewed by the Administrative Review Unit at meetings which are held every 6 months for quality assurance purposes.

Enhancing the Planning Process: The DCYF continues to explore ways that the ARU can assist in and enhance the quality of the case planning process. We are exploring ways of capturing of data which could be used to increase inclusion of youth and critical community partners and supports in planning as well as identifying key service and support needs. Specifically, we are exploring ways of collecting information regarding:

- the number of youth invited to and who attend the ARU reviews;
- the people in the youth's life whom the youth see as significant and important;
- educational attainment such as high school graduation or receiving a GED; and employment.

Enhancing Life Skills Training: The Life Skills Curriculum is implemented through a contract with the Rhode Island Foster Parents Association (RIFPA), which operates the Life Skills Center, and provides this service to youth placed in foster homes. With additional funding from CFCIP, the Department also provides a life skills program for youth in group placement. The RICORP provides life skills training to these youth. We have developed more integration and collaboration over the past two years between the Life Skills programming for youth in foster homes and in group homes, or supervised independent living arrangements. The RIFPA and

RICORP now share office space which allows for a more efficient use of resources through cost and resource sharing; e.g., this year graduations for the two program groups have been combined.

Collaborative efforts between DCYF, The Rhode Island Foster Parents Association, and RICORP have been effective in reducing a backlog of approximately 120 youth who had been waiting for life skills services. This backlog developed several years ago and continued due to funding limitations. In 2005, the collaborative efforts of DCYF and these two contracted vendors produced a 3 year grant from the United Way Of South Eastern New England for an after school program, allowing for additional youth to receive life skills training. The additional capacity provided by the implementation of this grant will eliminate the backlog by 2008.

b.) Help youth receive the education, training and services necessary to obtain employment:

One Stop Centers are located in six places statewide, so that state residents are within 25 minutes of at least one center. The One Stops bring services from three key state departments, the Department of Human Services (which includes TANF and Rehabilitative Services), the Department of Labor and Training, and other community agencies under the same roof. The One Stops offer career exploration, assessment, training, and support in job entry and retention.

During this program year, through collaboration with the DLT Workforce Investment Boards Youth Council and the shared Youth Vision Committees, it is planned that 2 youth centers which will embody the best features on the One Stop concept will be created and become fully functional.

There are also several other employment related initiatives which continue to develop, including: the Casey School to Career Program and the Jim Casey Youth Opportunity Initiative in Rhode Island. These programs are both under the auspices of Casey Family Services. The School to Career Program has been operational for four years and provides job placement and support for youth in foster care and youth in the community. Within the past 1 ½ years the program has been working mostly with youth who have completed the Work Opportunity Unlimited program who continue to require support.

The Jim Casey Youth Opportunity Initiative Program provides assistance to youth who are or have been in foster care to provide financial literacy training, asset building, and community connections and mentoring. The program has a capacity of up to 75 youth per year taking part. The plan is to involve 75 youth per year for a total of 225 over three years. There is also an advisory board made up of youth which provides input and direction from the youth perspective.

AS220 is the other organization which provides employment related services through a contract with the Department. It is an arts program which provides opportunities for youth to develop artistic talents and express themselves in a number of ways. The contract provides funds for stipends to youth who demonstrate interest and initiative after a period of volunteer involvement. The participants are given an opportunity to work with adult artist to develop skills in art and

business and to eventually produce a product which could be sold for profit. The contract funds 30 to 40 youth per year.

The Department is continuing to connect the jobs/career development program to provide technical assistance to community group home and independent living providers on assisting youth with job exploration, seeking, and retention. By enhancing the skills of the full range of community providers, we hope to increase vocational supports to more youth than current funding would normally allow.

Also during this time the two existing youth councils in Rhode Island in conjunction with DLT and the One Stops have begun to develop a major change in system structure and function to develop a center to provide services to youth with comparable to services provided to adults.

c.) Help youth prepare for and enter postsecondary training and educational institutions:

Since 1999, the Rhode Island legislature has allocated funding to support educational opportunities for youth in foster care, providing funding to assist youth to attend the University of Rhode Island, Rhode Island College, and the Community College of Rhode Island. The success of this legislative initiative was largely due to the efforts and testimony of our Youth Advisory Board. The Higher Education Opportunity Incentive Grant Program began as a \$50,000 allocation to DCYF, and was increased over four years to \$200,000 in SFY 2003. The allocation remains level funded at this amount and is included in the SFY 2008 enacted budget appropriation.

This funding assures that a student, once qualified, may attend college for 8 semesters by maintaining a positive academic standing. We have promoted this initiative through ongoing education and communication through all staff e-mail, ads in the Foster Parent newsletter, through presentations at the Life Skills Centers, at the annual Youth Conference through a resource fair and through word of mouth. The Place of Our Own Website has increased awareness of the availability of funding, as has communication with school Principals and Guidance Counselors in all 39 school districts in Rhode Island.

Within the DCYF Website, there is also an Independent Living Page and a Youth Advisory Board page. This has further increased access, since it includes a copy of the application form and release of information form which can be downloaded. The development of these Websites has provided information about the full range of supportive programming, as well as links to other resources such as the Rhode Island Foster Parent Association website, the Orphan Foundation, the National Foster Parents Association, and other important information such as scholarships, school to career, and Department of Labor and Training One Stop Centers. In the five years of the program's existence, a total of 150 students has received assistance in paying for expenses related to attending college.

The addition of Educational and Training Vouchers expands youths' options, including vocational schools, and has allowed for the creation of a complete continuum of educational

services, giving youth in care the same opportunities as youth in the general population. It also provides flexibility in choice for youth who do not desire to or are suited to college and the lengthy commitment to obtain a four year degree.

We are continuing collaborative efforts with the Departments of Labor, Education, and Human Services, Office of Rehabilitation Services to develop a process for providing vocational assessments for youth beginning at 14 years of age. Because statistics suggest that 40% to 60% of youth in care may have disabilities and many have Individual Education Plans under IDEA, a substantial group of youth in care are almost certainly entitled to these vocational assessments.

These assessments will assist youth in making decisions about educational goals and programs for high school and beyond. These assessments will also guide effective use of resources including, but not limited to, various educational funding sources, Work Opportunities Unlimited, the Jim Casey Youth Opportunities Initiative, the One Stop Centers, etc.

This collaboration will also enhance funding sources for vocational and educational programming; as many youth will be eligible for funding through the Office of Rehabilitative Services due to disabilities as well as the Local Education Authorities due to eligibility through IDEA.

d.) Provide personal and emotional support through mentors and the promotion of interactions with dedicated adults:

Long lasting, supportive, and caring relationships with adults are critical to success in the transition to adulthood. Therefore, it is vital to assist young people in identifying those adults already in their lives who can continue to provide “family” support.

The Life Skills Programs, through their alumni programs, are providing a good deal of ongoing support. There is a need to plan how these supports can be continued long term, through the development of community relationships, after cases have been closed.

Professional Women in Education is continuing a program to provide mentors to students receiving our Higher Education Incentive grant. This group continues to provide support and to expand, with an additional 10 youth being served this past year. Recently, a volunteer has agreed to coordinate these efforts which would provide the necessary staffing to insure the follow up required.

A new initiative which began several months ago and which will continue for one year in its initial phase is referred to as the Breakthrough Series on Adolescent Permanency. Based upon strategies to assist older youth to achieve permanency through an intensive team approach to review records, family history and to identify people in a youth’s life who could become a supportive resource.

The process of providing mentors, while maintaining the safety and well-being of our youth, is labor intensive; it requires staff dedicated to recruitment, training, and supporting mentors and mentees. These issues remain a barrier to providing this resource. However, we firmly believe in

the need for caring adults to assist our youth to become successful adults and plan to promote and advocate for permanence for older youth in care.

Another new initiative which has just begun in January 2007 is REAL CONNECTIONS which is a program through the Foster Parents Association which focuses on people already involved with the youth to attempt to identify and clarify a specific role and function which can assist youth long term.

This program has existed for several months, but has already begun services to 15 youth.

e.) Provide financial, housing, counseling, employment, education, and supports and services to former foster care recipients between 18 and 21 years of age.

Changes in the statute governing youth in care have changed the statutory role for the Department regarding youth who have attained the age of 18. Beginning on July 1, youth who attain the age of 18 who are involved with the Department for reasons of neglect and abuse will be closed to Family Court, but may request to have access to services from the Department voluntarily.

For those over 16 to 18, services will remain the same, including housing, financial assistance for food, clothing, furnishings, medical, counseling, and support and guidance in making important decisions about directions in career and life.

Rhode Island will support youth accepting services voluntarily from 18 to 21. Services will be provided within the fiscal limits put in place by the Legislature which require the Department to establish services within the allocated funding.

f.) Promoting collaboration to maximize resources available for transitioning youth:

Across all IL services is the need for collaboration and integration to enhance and expand the capability of providers, community partners and DCYF to work more effectively to assist our youth to achieve the goal of self sufficiency. For a number of years, we convened a Providers Committee, which included all independent Living Providers and Foster care representatives to assist in system development. This committee will be reinstituted to identify specific opportunities for collaboration, integration and cost/resource sharing.

For much of the last year a committee of providers and DCYF staff met regularly with the Director to address the issues of older youth in transition. This is the beginning of a comprehensive strategic plan for youth, which will address all significant issues and provide support for real change in services to youth.

Based upon the legislation passed by the Legislature, youth who attain the age of 18 will be closed to the Family Court and may elect to continue to access services. The kinds and amounts are to be determined based upon the availability of funding set by the Legislature. The Department has an allocation for this population and cannot exceed the amount made available.

Brief description of how all political subdivisions in the state are served by the program (Section 477(b)(2)(B)).

Because of its relatively small size and population, Rhode Island has no other significant political subdivisions, except for its 39 cities and towns. The DCYF is responsible for all independent living services at the local level. The Department of Children, Youth and Families is divided into 4 regions for the purpose of provision of services and services are provided equally in all regions. Under the plan and goals for the department through family-centered practice, services and resources will be provided as close to the youth's home as possible, with all planning and provision of services provided by region.

Description of how youth of various ages and at various stages of achieving independence, are to be served. (Section 477)(b)(2)(C).

Independent Living services are available to all eligible youth on a statewide basis. IL services are formally provided to youth 16 and over. However, within the continuum of placements, youth under 16 are placed in group homes and foster homes and receive instruction in life skills, such as grocery shopping and laundry, etc. Those 16 and over are eligible for formal life skills training and usually have more opportunity for more hands on kinds of skill building, in moving toward more independent functioning. They also have an opportunity to move closer to independence, by living in a supervised apartment, with more responsibility and more involvement in performing daily tasks and skills required in a less structured environment. Youth who age out of care at age 18 may elect to access services through DCYF until their 21st birthday.

Those Likely to Remain in Care

With the beginning of SFY 2008, several provisions enacted by the state legislature took effect, altering DCYF's role and responsibilities relating to youth 18 years and older. This new statutory provision requires the DCYF to close cases for youth who attain their 18th birthday; however, as referenced earlier in the APSR, the Department has implemented interim policies for addressing the needs of youth approaching their 18th birthday, including allowing youth to access services from the Department on a voluntary basis until their 21st birthday. However, the Department does have a funding cap of \$10.5 million dollars to service youth age 18 or older.

Description of how the state involves the public and private sectors in helping adolescents in foster care achieve independence.

DCYF continues to collaborate with a number of agencies in providing independent living services. Through contracts with independent living providers, RICORP, and RIFPA, the Department continues to develop a coalition to assist youth to move toward independence. RIFPA and RICORP provide all life skills assessment and training to consolidate and enhance this process.

We have been involved in discussions regarding mutual interests in services to youth and resources which would be available to our youth in care. We have had discussions of varying

content with school to career agencies, the Department of Labor and Training Rhode Island Department of Human Services, the Work Force Investment Boards' Youth Councils, the University of Rhode Island, Rhode Island College, the Community College of Rhode Island, the Rhode Island Housing and Mortgage Corporation, the Rhode Island Coalition for the Homeless, the Rhode Island Commission for the Homeless, the Federal Office of Certified Apprenticeship Programs, Casey Family Services, United Parcel Services, CVS Pharmacy, Women and Infants Hospital, Johnson and Wales University, New England Technical Institute, Good will Industries of Rhode Island, the Rhode Island Transitional Council for Handicapped Students, and The Rhode Island Parent Information Network.

Specifically, this past year, we have continued our involvement the Jim Casey Youth Opportunities Initiative, and the new federal Regional Job Corp Center which opened very recently in Rhode Island. We believe this is a developmental, ongoing process which will produce opportunities for our young people to receive pre-employment and employment skill building and career development.

Collaboration and resource development are key components in expanding and enhancing services. We have initiated or plan to involve the following organizations in assisting our young people to attain success. We have had more involved contacts with the following agencies:

- Casey-ongoing relation of over 5 years-work on Jim Casey Youth Opportunity Initiative.
- Workforce Investment Board Youth Councils-ongoing relationship as member of Youth Councils and in regard to the Shared Youth Vision.
- ORS-working on process for evaluation and funding to provide a career path for youth with handicapping condition.
- Colleges and Vocational Schools-ongoing to assist youth enter programs to obtain all available services and funding.
- School to Career-ongoing to improve access and develop linkage to other resources.
- NetWork Rhode Island to provide access and develop a process to integrate services and the creation of 2 youth center which will mirror the best of the One Stop concept.
- RI Higher Ed Authority-Initiating to provide linkage, access and additional resources.
- Crusade for Higher Ed-Following up to expand opportunities for additional funding and services.
- Federal Apprenticeship Program-to develop a process to provide access for apprenticeships.

- Shared Youth Vision-developing to provide access to youth in care to opportunities and services through the Department of Labor.
- Partnership with the Department of Education Transition Council to develop a plan and recommendations to the Children's cabinet regarding transition planning and procedures, including memoranda of understanding, for the transition of youth with serious emotional disturbances to the adult system Description of the objective criteria the state uses for determining eligibility for benefits and services under the programs, including the process for developing the criteria. (Section 477)(b)(2)(E)).

Eligibility for independent living services is based upon age and living arrangement and opportunity is available to all youth 16 and over in out of home care statewide. The criteria was developed consistent with the policy to develop a transitional living plan and is , partially, by the financial limits which exist. Additional funding would allow services to begin at 12 or 14 instead of 16.

The Daniel Memorial Life Skills Assessment and Curriculum are made available through contract with the Rhode Island Foster Parents Association to all youth 16 and over in foster care. The same services are available to all youth living in group care. This program is administered by RICORP, to which all programs, in state, providing services to DCYF clients belong. Teen Grants are grants (up to \$400.00) made available to youth 14 and over in care, which enhance their movement toward self-sufficiency.

Medicaid coverage for youth 18-21

The Department continues to work with the State Medicaid Agency, the responsibilities for which have shifted to the Executive Office of Health and Human Services, to develop opportunities for youth aging out of foster care to continue to receive Medicaid-funded services after their 18th birthday.

Positive Youth Development

Consistent with the philosophy of positive youth development, the Department has involved youth in the process of planning, through an active Youth Advisory Board. The Youth Advisory Board is based upon the commitment to youth involvement in planning their own programs. The Youth Advisory Board has been active in promoting the board and the Q and A book which was developed 2 years ago. Members of the Board have appeared at programs for youth and presented what the Board does to recruit new members, as well as explain other resources for youth within DCYF care.

The Board has also been reviewing a survey of youth in care from several years ago with a plan to resurvey current youth about their perceptions of services and needs. The Youth Advisory Board members have participated on several committees and have been involved in recent focus groups to survey youth and families regarding transition of youth to adult services and strategic planning for services to all youth in transition. Some youth from the Board continue to participate in staff and foster parent training and will continue to be involved with this and other training and promotion.

Training for agency staff, community staff, and foster and adoptive parents will continue to be expanded, enhanced and integrated with other training and will include more youth involvement. Currently, training is provided to DCYF and other agency residential staff around issues on aging out, transition, life skills, adolescent development and positive youth development.

All components are carried out by Kathi Crowe, a nationally known consultant, working with the IL Program, who coordinates with the Child Welfare Institute staff and with youth to participate in training; however, difficulty in accommodating the time youth are available continues to be a challenge.

Funding for this training is provided through the Department's training budget and coordinated with the Child Welfare Institute.

Consultation and Collaboration with Indian Tribes

The Narragansett Indian Tribe is Rhode Island's only Federally recognized Tribe. The Department has an active relationship with the Child Welfare Representative of the Tribe. Written information about the Chafee Program, explaining service availability for Indian youth, the same as are available to all youth 16 to 18 in out-of-home care, has been provided and discussed.

Coordination with other Federally Funded Programs

Representatives of DCYF continue to work with the Department of Labor and Training (DLT) Shared Vision for Youth Committee, with Workforce Development Youth Councils, School to Career and the Juvenile Justice Commission to develop resources for youth transitioning to receive services for job placement, training, and education.

Educational and Training Voucher Program

Educational and Training Vouchers have continued to be a valuable resource to allow more options to youth in order to customize choices to meet their individual needs. During the past year, 37 youth have received funds to attend 25 different programs.

Program development continues to be a priority. Emphasis has been placed on promotion of the program collaboration with schools and agencies to develop an integrated process focused on education and training leading to employment and a career path for the future.

The Educational and Training Voucher Program is aligned most closely with the Child and Family Service-Program Improvement Plan Goal # 4.

GOAL 4 – Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency.

Objectives for 2007-2008

- Improve and increase promotion and awareness of the program
- Increase and enhance collaboration with other agencies and educational facilities
- Integrate education, job training and job placement
- Involve more youth in planning and promotion
- Increase mentoring for youth receiving ETV's
- Improve and expand funding from multiple sources to assist youth attending private colleges to avoid loans
- Enhance relationships with ORS, Job Corp, The Children's Crusade, and DLT One Stop Centers
- Increase and enhance mentoring available
- Recruit and nurture involvement of administrators from among the schools and colleges students are choosing to attend to be part of a planning effort to produce success for those students

Description of how the state ensures fair and equitable treatment of benefit recipients. (Section 477 (b)(2)(E)).

All eligible youth have an opportunity to apply for existing services. All applications are acted upon in a timely manner and services are provided, based upon availability of funds. For those programs providing direct funding to youth, a committee comprised of youth and program staff, reviews the applications without knowledge of the applicants' identity. Any completion stipends made available are paid equally to all who meet the requirements.

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Part I -Plan Narrative

This Application for FY 2008 Education and Training Voucher Program funds will assist Rhode Island to continue to strengthen and expand its post-secondary educational assistance program to achieve the purpose of the Education and Training Voucher program (section 477(a)(6) of the Act) to: a) help youth make the transition to self-sufficiency; and b) help youth receive the education, training and services necessary to obtain employment, by providing funding to supplement state efforts and other federal educational funds.

Vouchers in amounts not to exceed \$5,000 per youth per year will be provided to eligible youth (as identified in Section 477(i)) for education and training programs. The Department's current efforts to enhance the educational and vocational opportunities for youth will be greatly expanded through this program.

The Department supports the transition of all children and youth from publicly supported care with the skills and competencies in place to ensure stability and permanency; prepared to transition successfully to adulthood. As part of that commitment, we are dedicated to enhancing the educational outcomes of youth, including increasing the numbers of youth who complete high school and enter post-secondary programs. This commitment is reflected in several current activities.

Training regarding post-secondary resources and application processes is provided to DCYF social workers annually on a regional basis, by Youth Development Consultant, Kathi M. Crowe and staff from the Educational Opportunity Center. Information regarding PSAT, SAT schedules and fee waivers and financial aid, including completion of the FAFSA is presented. RI DCYF Higher Education Incentive Grant application is reviewed. Information regarding additional resources, such as, The Orphan Foundation, is also provided. Information regarding the Education and Training Voucher Program, including eligibility and application information is included in these trainings.

The Rhode Island DCYF Higher Education Opportunity Incentive Grant Program was enacted through state legislation passed in 1999. The grant provides \$200,000 in state funds to supplement what youth in the custody of DCYF receive in state and federal financial assistance and scholarships. The funds can be used for youth to attend state schools, including Rhode Island College, the University of Rhode Island, and the Community College of Rhode Island.

The funds must be used for youth who have been in custody for a minimum of two years and who attend school full time. The legislation was passed with tremendous support of the RI DCYF Youth Advisory Board. The program is administered as part of the Independent Living Program of DCYF.

Rhode Island has expanded its post-secondary educational assistance program by including opportunities for youth to attend additional colleges and universities, private and public, in state and out of state, as well as, vocational training programs directed at assisting youth to gain the training necessary to obtain employment and achieve financial self-sufficiency in an increasing difficult job market.

Many of our youth do not wish to attend college and are more appropriately supported by gaining access to a skilled field of employment. ETV funds have allowed for the development of expansion of Rhode Island's efforts in that area.

We also have requests from youth who wish to attend local private schools such as Johnson and Wales, Brown University, Providence College, Dean College, etc. and have had no funds available to assist with these requests. The funds available through the Education and Training Voucher Program will help to close that gap and expand the range of opportunities for our youth.

Previously, no assistance was available for vocational programs. The Education and Training Voucher Program have been used to expand current program efforts to include post-secondary vocational programs.

As part of the Case Plan process, for youth in foster care at the age of sixteen and older, a Transitional Living Plan must be developed, which identifies specifics regarding the youth's preparation for self-sufficiency, including post-secondary employment and educational goals. This program will be promoted and included as part of that Transitional Living Plan process and the Independent Living Policy of DCYF will be amended to reflect the Educational and Training Voucher Program. The Transitional Living Plan is developed with the youth and other significant people to insure there is agreement and it is representative of the real needs of each youth.

The Rhode Island Department of Children, Youth and Families currently implements the RI DCYF Higher Education Opportunity Incentive Program through an application and monitoring process managed by the Independent Living Program. A youth wishing to apply for those grant funds, completes an application which establishes their status as youth in foster care, in the care of the Department, the length of time in foster care, a copy of their letter of acceptance into the post-secondary school, a copy of their Financial Aid award letter, and a signed confidentiality waiver that will allow Independent Living staff to review grades and other pertinent information from the school on a regular basis to ensure compliance with the conditions of the tuition assistance.

The funds provided through the Education and Training Voucher Program are managed and monitored in a similar manner. Applications are used which establish the student's eligibility as established in the Act and grants will not exceed the amount determined by the Act (\$5,000 per year per youth) or the total cost of attendance. Students total financial aid packages and the total cost of attendance will be reviewed for each youth in foster care by their social worker to ensure duplication is avoided. Youth who have been adopted after age sixteen have their applications and financial aid award packages reviewed by their Adoption Unit Worker. Financial aid award packages of former foster care youth are reviewed and monitored by the Independent Living Program staff.

Voucher implementation protocols are reviewed with DCYF Management and Budget and additional systems established as recommended.

Rhode Island has no political subdivisions. The RI Department of Children, Youth and Families services youth and families statewide, with four Regional Offices located across the state. All eligible categories of youth are served through the Education and Training Voucher Program, including current and former foster youth, youth adopted after age sixteen. The program is advertised and promoted statewide. Applications are available at all DCYF Regional offices; at the RI Foster Parents Association, and at all adoption agencies in Rhode Island. There is one major newspaper in Rhode Island the Providence Journal which will be used to advertise the program to foster parents and adoptive parents as well as former foster youth. Radio stations will also be recruited to assist in the promotion of the program to eligible youth, especially former foster youth.

Additionally, information will be sent out to foster and adoptive families by DCYF staff and via Foster Parent Association and Adoption RI newsletters. Information will be distributed as soon as the Education and Training Voucher Program funds are awarded. Training will be provided to DCYF administrators and Family Service and Adoption Workers to assist them in the identification of eligible youth in all categories, including current and former foster youth, and youth adopted after the age of sixteen. Information packets will then be sent out to youth, group homes, foster and adoptive homes to assist in the identification of eligible youth. Applications will be returned to the Independent Living Program for processing and to ensure compliance with certification requirements.

DCYF has determined no State statutory and/or administrative barriers that have inhibited the administration of this program.

During the current year, 33 youth have received ETV Grants, with a range of colleges and vocational programs represented. The Rhode Island Council of Resource Providers (RICORP) holds the contract for administering the ETV's. This has allowed for more flexibility and efficiency in disbursing funds.

Important changes which will be implemented in the new program year will be:

- Direct collaboration with educational facilities and high schools to assist in linkage of student to a career path.
- The development of a vocational assessment and plan for all students.
- Improved linkage and collaboration with ORS to ensure students with disabilities are identified properly and receive necessary services to complete training and or education toward employment /career.
- Utilization of One Stop Youth Centers to promote employment/career linkages.

The objectives for the ETV program are the same as for the Chafee Foster Care Independence Program:

Objectives for 2007-2008

- Improve and increase promotion and awareness of the program
- Increase and enhance collaboration with other agencies and educational facilities
- Integrate education, job training and job placement
- Involve more youth in planning and promotion
- Increase mentoring for youth receiving ETV's
- Improve and expand funding from multiple sources to assist youth attending private colleges to avoid loans
- Enhance relationships with ORS, Job Corp, The Children's Crusade, and DLT One Stop Centers
- Increase and enhance mentoring available
- Recruit and nurture involvement of administrators from among the schools and colleges students are choosing to attend to be part of a planning effort to produce success for those students

Financial and statistical Information Reporting

Fiscal 2005 –Chafee estimated-\$ 600,238 ----expended \$600,238

ETV estimated- \$205,117-----expended-\$ 205,117

% of Chafee Funds Utilized for Room and Board for Youth 18-21 - 0%

<i>Number of Recipients of ETV Funds</i>		
	Fiscal Year	# of Recipients
<i>Initial Voucher</i>	2006	25
<i>Total Number Participants</i>	2006	30
<i>Initial Voucher</i>	2007	26
<i>Total Number Participants</i>	2007	33
<i>Estimated # to be Awarded</i>	2008	40

DEPARTMENT SPONSORED TRAINING ACTIVITIES – Title IV-E Training Plan

The Department of Children, Youth and Families has a cooperative agreement with the Rhode Island College School of Social Work to provide training services in support of the Child Welfare Institute (CWI). As referenced previously, the CWI plays a significant role in preparing new DCYF employees for their responsibilities as social caseworkers. The CWI also provides a mandatory in-service curriculum of 20 training hours per year, as required by RIGL 42-72-5(b)(10).

The six-month pre-service training class is offered three times a year for new social workers beginning work with the Department. In each of these six month courses, 336 hours of classroom training and site visits are planned, with the remaining time spent gradually in the field. Each topic requires between 3 and 18 hours of class time. The pre-service modules also include 20 hours of training with the RICHIST (SACWIS) data system. Traditionally, workers have begun their pre-service experience by attending training 5 days per week in month one, which is reduced to one day per week by month 6. As they spend more time in the field, they are also assigned cases beginning in the second month.

However, in the past couple of years, the Child Welfare Institute has revised its approach toward integrating new social workers into Family Service Units earlier in the process. This was due to a diminished workforce as a result of retirements and transfers. In this new approach, workers are affiliated with their FSU unit on the first day of their orientation, and this allows the student workers to remain in their Region, with their new supervisory unit for the first week. Over the succeeding two to three weeks, the class receives intensive, formalized classroom instruction. Subsequently, the workers will remain in their Region for 4 days a week and in the Institute 1 day a week. This modified approach gives new workers strong support earlier in the process – within their regions and from co-workers, as well as from the Child Welfare Institute staff. At the end of FY 2006, the CWI had completed 9 pre-service classes since its inception. There were no new pre-service classes scheduled during FY 2007 due to budget and hiring constraints.

In fiscal year 2006, however, the CWI provided 189 total training sessions representing 762 hours of pre-service training. In that year, the Department needed to create a concurrent training process which meant that three pre-service classes were running in overlapping succession in order to fill critical vacancies across the Regions. A total of 85 social casework students were enrolled in these three concurrent courses, each running for six months:

- Class 7 – 10/4/05 – 3/31/06 – 31 students
- Class 8 – 11/28/05 – 5/16/06 – 20 students
- Class 9 – 2/6/06 – 7/21/06 – 34 students

The 10th pre-service class began in September 2007.

The estimated total budget for the Child Welfare Institute, representing salaries and contracts, is now \$859,492.00. The training plan, supported by cooperative agreements with

Rhode Island College and the University of Rhode Island, is allocated into Title IV-E training, Medicaid training, and TANF training. The portion of the contract that relates to IV-E reimbursable pre-service and in-service training is then multiplied by the blended IV-E eligibility penetration rate which was 50.69% as of June 2007. This blended rate is inclusive of the adoption penetration rate of 61.07% and the foster care eligibility penetration rate of 37.27%. The resulting amount is then claimed as IV-E Training which is reimbursed at the 75% training rate.

Three specific types of training are represented in the IV-E cost allocation plan:

- Adoption workers who train prospective adoptive parents
- The Rhode Island College (RIC) Child Welfare Institute (Pre-Service)
The Institute provides training for all newly hired social workers and child protective services workers, though CPS workers are not claimed to Title IV-E.
- General ongoing training activities (In-Service)
The institute includes a community collaboration cross training which integrates community provider participation; however, the community participants are not claimed to Title IV-E.

A small amount of training costs is also captured through the Random Moments Time Study (RMTS).

PRE-SERVICE TRAINING MODULES

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
CASA Information	3 hour training reviewing relationship between DCYF and Court system. Provides an overview of roles, responsibilities and personnel of CASA; and overview of programs sponsored by CASA.	Preparation for and participation in judicial determination; Case management and supervision
Case Closure - RICHIST	3 hour training relating to the RICHIST (SACWIS) data system to develop skills in preparing for case closure; requesting case closure from RICHIST; checking status of case closure request; RICHIST case closure email messages; and routing for supervisory approval.	Case management and supervision; Data collection and reporting.
Case Plans I	6 hour training designed to provide the skills and knowledge in writing a service plan in collaboration with families. Participants learn federal laws and agency policy, the impact of family-centered practice and strength-based theory, and will be able to write measurable objectives and tasks.	Development of the case plan; Preparation for judicial determination; Case management and supervision; Referral to services
Case Plans, RICHIST	3 hour training relating to RICHIST (SACWIS) data system – preliminary preparation and documentation; creating the service plan through the Assessment window; documenting individual and family strengths; developing objectives and tasks; developing a visitation plan, transitional living plan and discharge plan;	Data collection and reporting; Development of the case plan; Case management and supervision; Referral to

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
	generating signature pages; copying a case plan to other case participants; creating an ongoing case plan; and terminating a case plan.	services
Case Profile Narratives, RICHIST	3 hour training relating to RICHIST (SACWIS) data system for maintaining case information; review of case history; recording personal information; e.g., aka names, address tab, relationship tab, maintain participant information window, red flag; and adding participants to cases; e.g., search, create a person, complete participant information, activate participant and update living arrangements.	Data collection and reporting; Development of the case plan; Case management and supervision; Case reviews
Child Development I and II	3 day workshop providing an overview of normative development in infancy, childhood and adolescence as a guide in the assessment and case planning for families in which abuse and/or neglect has occurred.	Placement of the child; Development of the case plan; Case management and supervision; Case reviews
Collaboration and Resources	<p><u>Community Partners Resource Fair</u> – 6 hours – offers a blend of service providers and contracted community partners to inform participants of resources in the community.</p> <p><u>Poverty Institute</u> – 6 hour training – addresses the federal financial and medical programs to assist families when children are removed and reunified. Also addresses resources available to ensure healthy family life.</p> <p><u>RI Foster Parents Assn.</u> – 3 hour training – identifies the support system for foster parents and the resources available to them and foster children.</p>	Referral to services; Case management and supervision; Placement of the child.
Court Letters and Dictation	6 hour training – develops an understanding of court terminology; the roles of the participants in court proceedings. Provides examples of court letters and writing exercise with emphasis on a clear and concise outline.	Preparation for and participation in judicial determinations; Case management and supervision; case reviews
Court Visit	3 hour site visit to Family Court to provide understanding that Family Court is an integral part of the child welfare practice. The visit provides social workers with a view of court proceedings and introduction to judges.	Preparation for and participation in judicial determinations; Case management and supervision; case reviews
Discuss Court and Field Preparation	6 hour training – attends court as field experience in both Family and Juvenile Court. Develops understanding of case activity notes (CAN) dictation – the written documentation of everything that a social caseworker II does in relation to a case; providing the basis for most other written work: case plans, assessments, social summaries, and court letters.	Preparation for and participation in judicial determinations; Case management and supervision; case reviews

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
Family Assessment I	1 day training (6 hours) focusing on family centered and strength-based practice and the impact on assessment of family needs, at risk situations and permanency planning. The family system's approach is explained and techniques and skills are identified to assist families and child welfare staff in developing a service plan building on principles of family preservation.	Development of the case plan; Placement of the child; Referral to services; Preparation for and participation in judicial determinations
Family Assessment II and Case Flow	3 hour training outlining the process of the case work responsibilities of a child welfare case, once it is assigned to Family Service Unit workers; develops understanding of Departmental policy.	Development of the case plan; Placement of the child; Referral to services; Preparation for and participation in judicial determinations
Family Centered Practice	3 hour training on strength-based, solution-focused and collaborative approaches to assessing families. Develops an understanding for identifying possibilities and options necessary to clearly identify and assess safety and risk factors, and to assist families through the process of change.	Development of the case plan; Placement of the child; Referral to services; Case management and supervision; Case reviews
Field Experience	<p>Includes shadowing of more senior case workers and supervisors to provide on the job training, and site visits:</p> <p><u>Adult Correctional Institute (ACI)</u> – 3 hour training/site visit to develop understanding of issues relating to visitation between children and incarcerated parents. The site affords an opportunity for social workers to visit and become knowledgeable of the prison system.</p> <p><u>Children's Advocacy Center (CAC)</u> – 3 hour training/site visit with CAC to develop understanding of program function, gain insight into psychological impact of sex abuse, and understand results of evaluation for case planning. CAC works with DCYF to assess children when there has been an allegation of sexual abuse.</p> <p><u>Rhode Island Training School (RITS)</u> – 3 hour training/site visit introduces social workers to the juvenile corrections facilities and its services, in relation to juvenile parole and probation responsibilities.</p> <p><u>Family Court</u> – 3 hour training/site visit – acquaints social workers with role and responsibilities, proceedings in Family Court.</p>	Development of the case plan; Placement of the child; Case management and supervision; Preparation for and participation in judicial determinations; case reviews
Foster Care	1 day training (6 hours) develops skills and knowledge needed to work with Foster Resource Families; participants learn the role foster care plans in permanency planning, emphasizing safety, permanence and continuity. Participants learn knowledge of family systems, importance of values and roles, knowledge of supportive resources; understanding of separation and loss issues; understanding of generic foster care, kinship care and the concept of concurrent planning; and the role of the social worker in maintaining safety, and establishing continuity and permanence of	Placement of the child; Referral to services; Development of the case plan; Case management and supervision; Case reviews

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
	child(ren).	
Interviewing I and II	9 hour training (total) to develop understanding of interviewing techniques in working with families to assess safety, well-being and permanency for children; incorporating family centered practice and strength-based approach; also focuses on conversation management interviewing techniques to complete assessments.	Preparation for and participation in judicial determinations; Case plan development; Referral to services; Case management and supervision.
Juvenile Justice	6 hour training includes visit to Family Court - provides overview of mission and process involved in working with youth on probation and parole, and becoming familiar with the role and responsibilities of juvenile probation and parole officers.	Case management and supervision; Preparation for and participation in judicial determinations.
Legal I and II and Panel	Each module provides a three hour training for 9 hours (total) – participants are instructed on the DCYF Staff Handbook on Child Welfare in RI and the Glossary of Legal Terms in DCYF Cases. Participants develop an understanding of DCYF hearings and their duties in the proceedings; types of DCYF petitions and each process from filing to the Court hearing; types of DCYF petitions and legal issues with youth, such as wayward/disobedient matters. Course includes case consultation.	Preparation for and participation in judicial determinations
Legal - RICHIST	3 hour training to develop computer skills for documenting 48-72 hour holds, ex-parte, dependency, neglect and abuse petitions; creating multiple petitions; updating court hearing information and outcomes; duplicating court hearing information to other participants; reviewing juvenile probation petitions.	Preparation for and participation in judicial determinations; data collection and reporting
Outcomes and Reports	<ul style="list-style-type: none"> ▪ 3 hour interactive and instructional training to develop understanding of correct record keeping and documentation of case records. ▪ 3 hour training designed to assist social workers with understanding psychiatric and psychological evaluations; interpreting the recommendations as they impact on permanency planning. 	Data collection and reporting; Case management and supervision; referral for services; Case reviews.
Permanency Planning	3 hour training – participants will understand a chronological history of pertinent federal laws and how they interface with Rhode Island statutory procedures and child welfare practice. Participants gain insight into separation and loss issues for children who transition from placement to placement without permanency.	Development of the case plan; Placement of the child; Preparation for and participation in judicial determinations; Case management and supervision; Case reviews

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
Placements	3-6 hour training – participants develop skills and knowledge for completing a referral packet for placement that will preserve a child’s safety, well-being and permanency planning. Emphasis is on ensuring the best match and fit for an appropriate placement, and understanding the impact of placement on a child. Care Mgt. Team representatives provide information on residential placement requests and recommendations.	Placement of the child; Referral to services; Case management and supervision; Case reviews
Placements RICHIST and Title IV-E	6 hours total inclusive of work with Placement Unit and Care Mgt. Team staff – participants learn computer skills relating to documenting a placement through the request window; documenting placement through the placement window; documenting placement ending; documenting AOL; updating living arrangements; amending a placement; and calculating a foster care rate.	Placement of the child; Data collection and reporting
RICHIST Coaching	3 hours provided to support development of computer skills in documenting placement requests in RICHIST (SACWIS) data system.	Data collection and reporting
RICHIST Basics I, II, III	Provides participants with 14 hours of training on basic software packages to develop skills necessary for communications, file management, and case documentation, as well as accessing online resources.	Data collection and reporting
Risk/Needs Assessment	3-6 hour training – develops understanding of important differences between risk and safety; why each is assessed; what the assessments reveal and what actions are indicated as a result of each assessment. Participants actively engage in exercises related to each within the context of family centered practice. Professional experienced in trauma assessment provide an overview of current research in the field of psychological trauma and an introduction to trauma informed clinical treatment and case management.	Referral to services; Development of the case plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision
Visitation	6 hour training (1 and ½ days) includes tour of the Providence Children’s Museum – develops understanding of the expectation of visitation practice from theoretical and practical perspectives. Links visitation practice with DCYF policy, ASFA, family-centered practice, assessment and permanency planning as a means of promoting a best practice approach to visitation. Develops an understanding of importance of team approach consisting of biological family, placement resource, service providers, child and worker; and increases understanding of how emotional aspects of the children and families’ lives can impact on and are integral to visitation preparation and process.	Referral to services; Development of the case plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
Adolescent Training	3 separate programs (12 hours total) to teach participants a developmentally based model for independent living - focuses on early, middle and late adolescent stages; teaches assessment tools to measure adolescents' level of skill and competency, and to use a team approach to providing independent living services. Increases understanding of principles of mutual involvement; social worker and adolescent communication.	Development of the case plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision; Referral to services.
Adoption	7 hour training designed to provide social caseworkers with the knowledge and tools necessary in preparing children for adoption. Course increases knowledge and awareness of DCYF and contracted agencies; family systems in adoption work; separation and loss issues; recognizing attachment disorders; identifying appropriate home studies; knowledge of the importance of post-placement support and treatment services and strategies to ensure that services are provided to children and their adoptive families.	Development of the case plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision; Referral to services; and Case review.

IN-SERVICE TRAINING MODULES

In-service training courses, in accordance with RIGL 42-72-5(b)(10), are necessary for social workers to provide for the proper administration of the Title IV-E Plan for families and children in care. In Fiscal Year 2006, the Department initiated a 60 hour in-service training module to enhance competency skills for supervisory staff across DCYF. This program was developed to address needs identified through the Program Improvement Plan, and began being piloted in March 2006. This module was later modified to 50 hours based on an evaluation of the curriculum. Costs related to in-service training modules are treated as an indirect cost in the cost allocation plan, and are linked to the following courses:

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Function Addressed</i>
Comprehensive Family Assessment Tool	6 hour training to enhance skills in conducting a comprehensive family assessment encompassing safety, risk, permanency, and well-being throughout the life of a case. Training focuses on identifying family strengths and protective capacity, ways to engage family and build a collaborative relationship, developing sensitive and objective interviewing skills, and documenting information in the RICHIST (SACWIS) system.	Placement of the child; Case plan development; referral for services; Case management and supervision; Case reviews; Data collection and reporting; Preparation for and participation in judicial determinations.
Case Plan Development	6 hour training designed to provide the skills and knowledge in writing a service plan in collaboration with families. Participants learn federal laws and agency policy, the impact of family-centered practice and strength-based theory, and will be able to write measurable objectives and tasks.	Development of a case plan; Case management and supervision; case reviews.

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Function Addressed</i>
Supervisory Competency Skills	<p>50 hour training over 9 weeks. The curriculum is designed to enhance supervisor competency in people management skills (relationships); leadership development; supervision and supervisory roles; planning and organizing; legal liabilities; RICHIST tools; Dashboard reports; researching other data systems; e.g., Court data systems; HIPAA and Confidentiality.</p> <p>Each class is 6 hours long, representing the following topics: Week 1 – Supervision at DCYF Week 2 – Supervisory Roles Week 3 – Supervisors as Agents of Change Week 4 – Planning and Organizing Week 5 – Personal and Staff Development Week 6 – Building Positive Relationships Week 7 – Worker Development and Leadership Styles Week 8 – CQI, Performance Feedback and Coaching Week 9 – Cultural Competency for Supervisors</p>	Case management and supervision; Case reviews; Data collection and reporting.
Violence in the Home	3 day training provides a comprehensive overview and understanding of issues in family violence along with practical applications for child welfare practice.	Development of a case plan; Referral for services; Placement of the child; Case management and supervision.
Child Development from Infancy to Adolescence	3 day training designed to provide an overview and understanding of useful developmental principles and normative dimensions of child and adolescent development as a guide to assessment and service planning in cases of abuse and neglect.	Development of a case plan; Referral for services; Case management and supervision.
Family Visitation in Child Welfare – The Heart of Permanency Planning	3 day training to develop understanding of visitation practice relating to agency policy and permanency planning outcomes; the value of family visitation as a means of better assessing needs of the family, and conducting visitation form a best practice model – Families Together Therapeutic Visitation.	Case plan development; Referral for services; Case management and supervision; Case reviews.
The Criminal Justice System, Child Welfare and the Visitation Process	3 day training to develop tools necessary to provide appropriate referral for services to children whose parents are in a prison facility; emphasizing the importance and need for continuing relationships children have with their incarcerated parents.	Case management, Referral for services, and Supervision.
Where's Daddy? How to Engage Hard-to-Reach Dads?	3 day training designed to develop an understanding of the important role of fathers for child well-being and development, and how to engage fathers to be more involved in the case. Provides information, referral and resource identification for case planning and engaging fathers.	Development of the case plan; Referral for services; Preparation for and participation in judicial determination; Case management and supervision.

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Function Addressed</i>
Cross Systems Collaboration	Half day inter and intra-departmental training - developing an understanding for the DCYF system, roles and responsibilities; identifying the role and contributions of community providers as they relate to DCYF functions promoting safety, permanency and well-being outcomes.	Referral for services; Case management and supervision.
Working with Pregnant and Parenting Teens	3 day training designed to develop an understanding of the dynamics of adolescent pregnancy and parenting as it relates to case planning. Information addresses agency policy, ways to engage teen dads, assessment of the teen parent; and engaging teen parents in case planning as it relates to effective parenting practices.	Development of the case plan; Referral for services; Preparation for and participation in judicial determination; Case management and supervision.
Nature of Substance Abuse	3 day training designed to enhance knowledge and skills relating to parental substance abuse as it relates to appropriate referral for services and development of the case plan.	Development of the case plan; Referral for services; Preparation for and participation in judicial determination; Case management and supervision.

PRE-SERVICE FOSTER CARE/ADOPTION TRAINING MODULES

The Department of Children, Youth and Families (DCYF) requires all applicants for foster care and adoption to participate in a Resource Family Pre-Service Assessment and Training. The curriculum, offered 12 to 16 times annually, is a ten (10) week course developed by the Adoption Resources, Preparation and Support Unit within DCYF. Each module is 3 hours for a total of 30 hours of pre-service training, taught by trained specialists in preparing foster and adoptive families.

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
An Introduction to the Continuum of Care	Introductory session on training series and expectations. Designed to help participants interested in becoming resource families better understand the needs of children who have been in the substitute child care system, and determine where along the continuum of care they might best serve Rhode Island children displaced from their families to whom they hope to return.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Family Systems, Race, Culture and Diversity	This course explores the concept of family and what it means to be a family member, looking at the forces within a family that enable it to function and to provide its members its unique sense of identity. The course also explores concepts of race and culture in society, looking at difficulties faced by children growing up outside of their family and culture of origin. Develop understanding of challenges faced by resource families in raising these	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
	children to be emotionally healthy and in touch with their racial, cultural and personal identity.	
The Experience of Childhood Abuse/Neglect & Issues of Discipline by Care Givers	Video presentation including interviews with children who have experienced abuse. Understanding the challenges of parenting these children, discussing disciplinary strategies that will not re-traumatize the children, but help them learn healthier, more acceptable ways of relating to the world and people around them.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
The Experience of Childhood Sexual Abuse and Its Impact	A continuation of the prior weeks' discussions with focus on the intense emotional trauma of sexual abuse and the parenting challenges inherent in caring for a child who has experienced sexual trauma.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Child Protective Investigations and the Placement of Children	Understanding the mandatory reporting laws for abuse and neglect, and the investigation process generated by such reports. To prepare resource families for their role as more visible members of a larger community that may not be understanding of or sensitive to issues and challenges faced by resource families. Course helps resource families to understand the process of placing children in their homes, the paperwork and the dynamics involved once placement has occurred.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
The Experience of Childhood Separation and Loss, It's Impact and Children's Need to Hold onto Memories	Developing an understanding of placement through a child's eyes; the trauma associated with loss and separation. This session helps participants understand the grieving process and the intense feelings and difficult behaviors that are a natural part of grief.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
The Impact of Trauma on Child Development and on the Child's Capacity to Form Trusting Attachments	Developing an understanding of the different stages of child development and the effects that a child's traumatic experiences will have on their overall development. This session also helps participants to understand the impact of abuse, sexual abuse, neglect, and separation in relation to the child's capacity to trust and attach to adults. This takes into consideration issues of discipline, focusing less on controlling behavior and more on trust and relationship building.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Panel Discussion	This session offers participants an opportunity to hear from people who have chosen to serve as resource families. The panel discussion includes parents who are representative of each point along the continuum of care: Kinship,	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
	Concurrent Planning, Fostering, Legal Risk and Adoptive. The panel members share both the rewards and challenges of their experiences and are open to answering questions from participants in this assessment and training series.	to foster and adopted children receiving Title IV-E assistance.
Resource Information and Saying “Goodbye”	This session offers participants an opportunity to learn of the resources and supports available to help them in their role as Resource Families. A manual of information and phone numbers of various agencies is distributed. Representatives from various agencies are also present to offer insight into the services they offer and to answer questions.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

An outline of how the Title IV-E Training programs are applied regarding their location and duration of training activity, as well as the cost allocation methodology for IV-E claiming are referenced as follows:

ADOPTION TRAINING –

Adoption Training is provided to prospective adoptive parents; performed by state staff at state facilities. The training is short-term.

PRE-SERVICE TRAINING –

Pre-Service Training is provided to newly hired social workers and child protective workers. (Costs for child protective workers who participate in the pre-service training are not claimed to Title IV-E.) The training modules are performed by DCYF staff and Rhode Island College staff at the RIC Child Welfare Institute. The training is long-term for trainees. Trainers split their time between Pre-Service and In-Service trainings.

IN-SERVICE TRAINING –

In-Service Training is provided to all DCYF staff, excluding those at the Training School. DCYF and Rhode Island College staff perform the trainings primarily at the RIC Child Welfare Institute. The training is short term.

ESTIMATED TOTAL COST/COST ALLOCATION METHODOLOGY

As referenced earlier, there are three training cost pools for Title IV-E claiming categories:

- Adoption Services,
- Pre-Service, and
- In-Service.

The cost allocation methodology for these pools is as follows:

▪ **Adoption Services Training**

- Costs in this pool are related to salary and operating costs for staff who provide adoption training services.
- The Title IV-E adoption penetration rate is applied to this cost pool. The statistic – NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E ADOPT. ASST. and ALL OTHER SUBSIDIZED ADOPTION (CWS, TRAINING) – sends the allowable portion to Final Receiver 201.7 – IV-E Adoption Asst/S&L Training, to which the FFP rate of 75% is applied on the Title IV-E 1 claim.

▪ **Pre-Service - Staff Development and Training – Administration**

- This cost pool is developed as follows:

There are trainer salary costs identified and directly coded to Pre-Service, as well as costs from Rhode Island College for their training staff. This amount is multiplied against the pre-service/in-service percentage. This percentage is determined by the hours spent on pre-service training, which usually equates to about 35%. Additionally, staff participating in the pre-service training (trainees) are moved from the social worker cost pool to pre-service. In the June 2005 ending quarter, staff spent the entire quarter in training, so the re-class included their entire salary cost. If they only spent a portion of the quarter in training, only a portion of the cost would have been included. These two costs – the portion of trainer time and the cost of the workers enrolled in training – plus any operating costs are added together to form the cost pool.

This cost pool is allocated via an allocation statistic based on the Rhode Island College curriculum, which is as follows:

<i>Plan Dept./Final Receiver</i>	<i>Plan Dept. / Final Receiver Name</i>	<i>Allocation Statistic</i>	<i>Percentage of Total</i>
110.1	TITLE IV-E ALLOWABLE- TRG	629.00	83.87 %
110.2	TITLE XIX ALLOWABLE- TRG	46.00	6.13 %
110.3	TANF ALLOWABLE-TRG	64.00	8.53 %
110.4	ALL OTHER- TRG	11.00	1.47 %
	TOTAL:	750.00	100.00 %

This statistic sends costs to the intermediate accounts 110.1, 110.2, 110.3, and 110.4. Costs are then allocated as follows:

110.1 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING). The IV-E allowable amount is then sent to Final Receiver 201.5. This amount is then applied against the 75% FFP rate on the Title IV-E 1 claim.

110.2 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED Eligible FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING). The Title XIX allowable amount is then sent to Final Receiver 203.3. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin).

110.4 – All Other – TRG Institute – is allocated direct to “All Other” and not claimed.

▪ **In-Service - Employee Training**

- This cost pool is created by first taking the RIC instructor costs discussed above and multiplying it by the in-service percentage of approximately 65%. Additional operating costs are added as appropriate.
- This cost is allocated by NUMBER OF EMPLOYEES, EXCLUDING THE RHODE ISLAND TRAINING SCHOOL. It is treated as an indirect cost in the plan. The majority of it would be allocated to the Social Worker cost pool, as they represent the majority of the Non-Training School employees. These costs would then be allocated via the RMTS results.

COST VIA THE RMTS

The Random Moment Time Study (RMTS) does have an activity called “All Other Training Activities”. A portion of social worker costs associated with this activity are allocated to Final Receiver 201.4, which is Title IV-E FC/S&L Adm/Other, which is claimed at the 50% FFP rate. Note that this activity has the IV-E eligibility rate applied against it and is claimed at 50% FFP.

There is also an activity called Staff Training for Foster Care that received hits this quarter. This cost is allocated direct to Title IV-E training and claimed at the 75% rate.

RHODE ISLAND COLLEGE INDIRECT COSTS

The State intends to claim RIC indirect costs (incurred by the college) as set forth in the State’s approved Cost Allocation Plan.

Juvenile Probation and Parole Training –

The Department has also implemented a core training curriculum for Juvenile Probation and Parole staff as part of the Program Improvement Plan. The table below identifies functions relative to the administration of the IV-E program that are addressed through this training, as well as functions claimable at the administrative rate of 50%; however, none of these courses are currently included in the cost allocation formula.

Juvenile Probation and Parole Core Training Curriculum		
<i>Course Topic</i>	<i>Syllabus</i>	<i>IV-E Function Addressed</i>
Legal and Court Information	<u>History of Juvenile Justice System</u> - 3 hour training looks at the evolution of the Juvenile Justice System, its purpose today and the cross-system collaboration within the state system and with community partners.	50%
	<u>RI Juvenile Law</u> – 3 hour training reviewing the law and using scenario-based exercises.	Preparation for and participation in judicial determination.
	<u>Court Process</u> – 3 hour training looks at the policy and protocol of the RI Family Court system as it relates to Juvenile Probation and Parole.	Preparation for and participation in judicial determination.
Interviewing	<u>Forensic Interviewing</u> – 2 day training focuses on specialized techniques and issues involved in conducting a comprehensive assessment. Properly conducted forensic interviews ensure objectivity on the part of the interviewer; employ non-leading techniques; and emphasize careful documentation of the interview. This training incorporates theory, examples, and video taping of actual participants for teaching purposes.	Development of the case plan; preparation for and participation in judicial proceedings.
	<u>Home Visits/Settings</u> – 3 hour training addresses visiting with client and families in their homes; agency policy; engagement of families; and assessment.	Case management and supervision; development of the case plan.
	<u>Worker Safety</u> – 6 hour class is an introduction to crisis prevention that emphasizes early intervention and nonphysical methods for preventing or managing disruptive behavior. Personal safety techniques are included. The philosophy of this program focuses on best	50%

Juvenile Probation and Parole Core Training Curriculum		
<i>Course Topic</i>	<i>Syllabus</i>	<i>IV-E Function Addressed</i>
	care, safety, and security for staff. This is a hands-on interactive training.	
Case Management	<u>Permanency Planning</u> – 3 hour training focuses on DCYF’s mission and vision; ASFA; ICWA; and the commitment to permanency for children.	Case management and supervision; Case reviews; development of the case plan.
	<u>Family-Centered Practice and strength-based practice</u> – 3 hour training that extends the focus of permanency planning addressing best practice; and strength-based approaches to working with youth and families. This approach is an organizing principle for a number of theories and practice strategies that encourages helping professionals to seek out the client’s abilities, resources and gifts, and apply them to current life challenges.	Development of the case plan; case management and supervision; case reviews; referral to services.
	<u>Ethics and Values</u> – 3 hour training addresses the agency’s Code of Conduct, the National Association of Social Work (NASW) Code of Ethics, and state policies.	50%
	<u>HIPAA/Confidentiality</u> – 3 hour training will address federal and state policies and guidelines as to obtaining and releasing information.	50%
	<u>Domestic Violence</u> – 6 hour training provides information on the dynamics and cycles of abuse, treatment approaches, and resources for offenders as well as current trends and theory.	Case management and supervision; Referral to services.
	<u>Report Writing/Pre-Sentence/Waivers</u> – 3 hour training will address the writing of progress summaries, pre-sentence reports, and waiver reports. This training provides instruction in legal issues related to the pre-sentence report and waiver report. It will outline the process needed to waive jurisdiction of a youth.	N/A
	<u>Cultural Issues and Race Issues within Corrections</u> – 6 hour training addresses ethnic, gender and cultural sensitivity and competency for working with youth and families	Case management and supervision.
	<u>Adolescent Behavior</u> – 6 hour training addresses normative adolescent behavior, clinical theories and specific interventions when working with youth, and	Case management and supervision; Referral to services.

Juvenile Probation and Parole Core Training Curriculum		
<i>Course Topic</i>	<i>Syllabus</i>	<i>IV-E Function Addressed</i>
	enhances the understanding of the youth. It will also provide resources as to treatment, permanency, and independent living skills.	
	<u>Violation of Probation (VOP)/Revocations</u> – 3 hour training focuses on process, policy, and protocol to Violations of Probation.	N/A
	<u>Mandated Reporting</u> – 3 hour training focuses on the Rhode Island mandated reporting law, the 24 hour hotline, DCYF policy, and when to call.	N/A
	<u>Victim of Services (Day One)</u> – 3 hour training focuses on enhancing best practice relating to the theory and philosophy of Restorative Justice. The major theme is to make the victim whole and provide the victim's perspective to juvenile probation.	N/A
	<u>Mental Health</u> – training focuses on: <ul style="list-style-type: none"> ▪ Suicide Prevention ▪ Understanding Testing Results ▪ Youth's Perspective in the Justice System 	Case management and supervision; Referral to services.
	<u>Substance Abuse/Drug Testing: The Nature of Addictions</u> – 6 hour training addresses the bio-psycho-social effects of substance abuse and impact on youth. This training provides information on the different levels and types of drug/alcohol treatment, resources, and gender differences in treatment.	Development of the case plan; case management and supervision; Referral to services.
	<u>Restorative Justice</u> – 3 hour training focuses on the "Standard of Practice" in Restorative Justice including the protocols for the completion of restitution, community service and letters of apology.	N/A
	<u>Family-Centered Risk and Protective Capacity Family Assessment and Service Planning</u> – 6 hour training addresses the process of a comprehensive assessment to measure safety, permanency, and well-being for families as well as the impact of the protective capacity of the family and lead to a family driven service plan.	Development of the case plan; Referral to services; case management and supervision.

Juvenile Probation and Parole Core Training Curriculum		
<i>Course Topic</i>	<i>Syllabus</i>	<i>IV-E Function Addressed</i>
	<u>Interstate Compact for Juveniles (ICJ) and Interstate Compact on the Placement of Children (ICPC)</u> – 3 hour informational training will address the policy and procedure as to the ICJ in combination with the policy and procedure regarding the ICPC.	N/A
Professional and Personal Development	<u>Employee Assistance Program (EAP)/Dealing with Stress</u> – 3 hour training focusing on self care and becoming aware of stress from the job. This training provides easy techniques to use in the workplace as well as resources.	50%
	Workplace Information (Sexual Harassment)	50%
Documentation of Casework	This computer training module contains 16 target areas providing ongoing training to assist Juvenile Probation and Parole workers to document their work using the DCYF computer system “RICHIST”. The objectives of this training are to demonstrate proficiency in operating effectively in a Windows environment, managing case data, communicating electronically, producing documentation, recording case information, and accessing online resources.	
	1. DCYF Operating System and Software – 3 hours	Data collection and reporting.
	2. Groupwise I: An Introduction to Email – 3 hours	50%
	3. MS Word I: Word Processing at DCYF – 3 hours	50%
	4. RICHIST Desktop, Online Help and Approvals – 3 hours	Data collection and reporting.
	5. RICHIST Searching – 3 hours	Data collection and reporting.
	6. RICHIST Case Activity Notes – 3 hours	Data collection and reporting.
	7. Risk Assessment/Reassessment and Child Safety Assessment – 1 hour	Data collection and reporting.
	8. RICHIST Case Maintenance – 3 hours	Data collection and reporting.
	9. RICHIST Education Record	Data collection and reporting.
	10. RICHIST Medical Record	Data collection and reporting.
	11. RICHIST 005 Voucher Requests	Data collection and reporting.
	12. RICHIST Legal Documentation – 3 hours	Data collection and

Juvenile Probation and Parole Core Training Curriculum		
<i>Course Topic</i>	<i>Syllabus</i>	<i>IV-E Function Addressed</i>
		reporting.
	13. RICHIST Placements – 9 hours total offered in 3 hour blocks	Data collection and reporting.
	14. File Management – 3 hours	50%
	15. RICHIST Case Closure – 3 hours	Data collection and reporting.

Child Protective Services Training –

The Department's training for Child Protective Services also contains some of the core training courses, as well as topical issues such as a training on the Indian Child Welfare Act (ICWA) that is being developed with the Narragansett Tribal representative for child protection and child welfare. The ICWA training will be held for CPS staff during FY 08.

Child Protective Services (CPS) Training Modules		
<i>Course</i>	<i>Syllabus</i>	<i>Type of Training</i>
CPS Overview and Best Practice – Part I and II	<p>2 day training – designed to orient new child protective investigators, and DCYF workers with prior experience as Family Service Workers, with roles and responsibilities of the position; and expectations. The training will provide instruction on the following:</p> <ul style="list-style-type: none"> ▪ criteria for an investigation; ▪ legal definitions and mandates; ▪ policies; ▪ formulation of investigatory findings; ▪ procedures for special populations; ▪ access to interpreters; ▪ application of Family-Centered Practice; ▪ information necessary to determine safety and risk ▪ formulation and substantiation of investigative conclusions and safety plans; ▪ emergency authorization for overnight placements; and ▪ awareness of and referral procedures for community resources. 	Core training for new Child Protective Investigators (CPI)

Child Protective Services (CPS) Training Modules		
<i>Course</i>	<i>Syllabus</i>	<i>Type of Training</i>
Call Floor Training	1 day training designed to develop knowledge and understanding of CPS investigators on how to screen and evaluate reports made to the Child Abuse/Neglect Hotline. This includes call floor protocol, learning telephone etiquette and investigative techniques, prioritizing information, understanding the four criteria for abuse/neglect reports, investigative decision-making, writing a CPS report narrative, the protocol for routing child welfare information and making child welfare referrals. Afternoon session includes training on entering information into the RICHIST system.	Core training provided to new CPIs
Worker Safety	6 hour training – to instruct staff on preventive techniques including verbal messages to de-escalate acting out behavior; understanding of the team approach and therapeutic physical intervention, applying personal safety techniques to avoid injury; and post-vention activities focusing on building therapeutic techniques to be implemented after acting out behavior has occurred.	Core training for all CPIs
Legal Concepts	3 hour training designed to increase knowledge and competency in the area of legal information for CPS investigators through lecture and the review of pertinent child protection laws. The course provides training on: <ul style="list-style-type: none"> ▪ Preponderance of evidence ▪ Evidence rules for CPIs ▪ Types of evidence/gathering evidence ▪ Hearsay (RIGL 14-1-68 and 69) ▪ Laws relating to investigations/holds/examinations (RIGL 40-11-1, etc) ▪ Licensing (RIGL 42-72.1-4) ▪ Confidentiality (RIGL 42-72-8) ▪ Documentation ▪ Testifying <ul style="list-style-type: none"> ○ Expert testimony ▪ Relative placement (RIGL 14-1-27; 42-72.1-4) ▪ Administrative hearing process (RIGL 42-35-1, etc) ▪ Verbal and written ex parte orders (RIGL 40-11-7 etc) 	Core training for CPIs
Child Exploitation and Internet: A Law Enforcement Perspective	2 day training provided by the Naval Criminal Investigative Service (NCIS), designed to increase the knowledge of Child Protective Investigators regarding the increasing use of the internet as a medium for child pornography and the exploitation of children. Law enforcement's proactive investigations often involve undercover communication with individuals who display a sexual interest in children, often	Topical training for CPIs

Child Protective Services (CPS) Training Modules		
<i>Course</i>	<i>Syllabus</i>	<i>Type of Training</i>
	document exchanges of illegal child pornography and rely heavily on face-to-face undercover meetings. The training seminar will delineate what conduct is and is not prohibited by Federal and various state laws. Discussion of proactive law enforcement methods is presented, and explanation of the Internet and it's communication media components, such as Internet Relay Chat, Chat Rooms, Newsgroups, File Servers, and the World Wide Web.	
Indian Child Welfare Act (ICWA)	2 hour training provided by the Child Welfare Services representative for the Narragansett Indian Tribe designed to increase knowledge and understanding between the Tribe and CPS investigators/intake staff regarding the role and responsibilities of the two systems and to enhance the working relationship/coordination between the Tribal Police, Narragansett Indian Social Services and CPS.	Topical training for CPIs – in development with Narragansett Tribe.
Risk and Safety/Protective Capacity Training	1 day training initially. It has been reduced to ½ day to train new CPIs and new CPS intake on the use of the safety assessment tools. All existing CPIs have been trained as have the CPS intake workers.	Core training for DCYF staff; i.e., CPIs, CPS Intake staff, FSU social caseworkers, and Juvenile Probation staff.
Institutional investigations	½ day training designed to increase knowledge and skills of child protective investigators responding to allegations of abuse and/or neglect in institutional settings; e.g., foster care, group homes, residential treatment settings, etc.	Core training for CPIs
Report writing using the Investigative Findings Template	1 day training designed to develop report writing skills of child protective investigators to present a summary of investigative facts in a cohesive manner and to provide instruction in the use of new reporting format.	Core training for new CPIs. Existing CPIs have been trained.
Sexual abuse - I	½ day training designed to enhance skills and knowledge of child protective investigators in the conducting forensic interviews of child victims and child perpetrators.	Topical training for all CPIs
Sexual Abuse - II	½ day training designed as an advanced course in the area of forensic interviewing. Emphasis is on interviewing techniques in assessing offender vs abuse reactive characteristics in relation to victims and child perpetrators.	

Child Protective Services (CPS) Training Modules		
<i>Course</i>	<i>Syllabus</i>	<i>Type of Training</i>
Forensic Interviewing and Interrogation I - II	2 day training designed to enhance knowledge and skills of child protective investigators, Intake staff, and CPS administrators regarding interview and interrogation techniques for suspected adult perpetrators in child abuse/neglect investigations. Trainer is certified by the FBI Academy.	Training for CPS staff – All staff currently trained. New training provided as needed.

Training Institute on Youth Who Sexually Abuse –

The Department has also developed and implemented five training courses specifically on the issue of juveniles who sexually offend. The training outlined in the following table is designed to increase knowledge and skills for DCYF staff and contracted residential and community-based provider staff who work with adolescents who have been adjudicated and those who have not been adjudicated of sex offenses. The training was developed through a collaboration between DCYF and providers with expertise in working with juvenile sex offenders focusing on risk management, and importantly, with the representation of victims advocates to ensure a balanced training inclusive of the victims' voice.

Training Institute on Youth Who Sexually Abuse		
Workshop	Syllabus	Target Audience
#1 Youth Who Sexually Abuse: An Overview	3 hour training designed to ensure that all staff responsible for working with adolescents in the care and custody of DCYF who sexually offend are trained to provide a consistent level of quality in each facility and in the community.	DCYF contracted provider staff for residential treatment and community-based support services; DCYF contract monitoring staff; Juvenile Probation and Parole staff; community-based clinicians.
#2 Developmental Issues of Youth Who Sexually Abuse	3 hour training designed to ensure that staff responsible for working with adolescents in the care and custody of DCYF have an awareness and understanding of developmental issues relating to youth who sexually offend.	DCYF contracted provider staff for residential treatment and community-based support services; DCYF contract monitoring staff; Juvenile Probation and Parole staff; community-based clinicians.
#3 Skill Development for Staff who Work with Youth who Sexually Abuse – Part I	3 hour training designed to enhance knowledge and skills of staff working with DCYF involved	DCYF contracted provider staff for residential treatment and community-based support

Training Institute on Youth Who Sexually Abuse		
	youth relating to juvenile sex offender treatment and risk management.	services; DCYF contract monitoring staff; Juvenile Probation and Parole staff; community-based clinicians.
#4 Skill Development for Staff who Work with Youth who Sexually Abuse – Part II	3 hour training designed to assist staff working with DCYF involved youth to promote skill development among juveniles who offend in order to enhance their own regulatory and risk management ability.	DCYF contracted provider staff for residential treatment and community-based support services; DCYF contract monitoring staff; Juvenile Probation and Parole staff; community-based clinicians.
#5 Family Involvement/Cultural Issues	3 hour training designed to assist staff in understanding guidelines for interacting with family members in the facility and to learn ways to involve family while supporting appropriate boundaries conducive to positive treatment progress. The Cultural Issues piece encourages cultural competency in dealing with conflicts on the milieu, and implementing strategies to interrupt prejudice.	DCYF contracted provider staff for residential treatment and community-based support services; DCYF contract monitoring staff; Juvenile Probation and Parole staff; community-based clinicians.

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DRAFT Revision – 11/15/2007

Implementing the Indian Child Welfare Act

Rhode Island Department of Children, Youth and Families

Policy: 700.0170

Effective Date: April 10, 1989

Revised Date: December 29, 2006 Version: 2

The Rhode Island Department of Children, Youth and Families (DCYF) provides services to Indian families that are culturally relevant and consistent with the mandates of the Indian Child Welfare Act (ICWA) (PL 95-608). DCYF utilizes the principles of family centered practice in its delivery of child welfare services and recognizes the importance of maintaining connections between children and their heritage. DCYF supports early contact and active engagement with a child's tribe to ensure that services provided reflect the unique values of Indian culture and meet the safety, permanency and well-being requirements of the Adoption and Safe Families Act (ASFA) (PL 150-89).

ICWA provides protection for the rights of Indian children, families and tribes and sets guidelines for the individual states to follow in handling child welfare cases involving Indian children. It is the intent of the ICWA to serve the best interests of Indian children by strengthening Indian families and preserving the cultural identity of Indian children. ICWA further protects Indian children from removal from their tribes and assures that tribes are given the opportunity to raise Indian children when placement outside of the natural home is necessary. In compliance with state and federal law, the child's health, safety and well-being are the paramount concerns in making reasonable efforts towards reunification with parents or guardians.

Related Procedure

[Implementing the Indian Child Welfare Act](#)

Related Policies

[Voluntary Placement](#)

[Termination of Parental Rights](#)

[Obtaining Custody of Child Through the Dependent/Neglected/Abused Petition](#)

[Removal of Child from Home](#)

Implementing the Indian Child Welfare Act

Procedure From Policy 700.0170: Implementing the Indian Child Welfare Act

- A. Identification of Indian children - It is important to determine if a child is of Indian descent as soon as possible after he/she becomes active with DCYF to ensure that the child's best interests are considered in accordance with the ICWA.
1. Child Protective Services (CPS) Investigative Staff and Child Protective Intake Staff
 - a. During the preliminary stages of a CPS investigation the Child Protective Investigator (CPI) inquires if there is any Indian heritage in the family. If the CPI is unable to gather this information, the Intake worker attempts to determine the background of the child when he/she receives the case.
 - b. If there is no Indian heritage, this information is documented by the Intake worker in RICHIST (refer to [RICHIST Window Help: Case Maintenance](#)). If the CPI has determined that there is Indian heritage, this information is forwarded to Intake. The CPI may proceed with emergency placement as needed (refer to RICHIST Window Help: Indian Child Welfare Checklist Window).
 - c. If there is Indian heritage, the following information is included in RICHIST (refer to [RICHIST Window Help: Case Maintenance](#)):
 - i. Indian child's name, date of birth and birthplace
 - ii. Parents' names (including mother's maiden name), or names of Indian custodian(s), dates of birth and birthplaces
 - iii. Indian child's tribal affiliation
 - d. Information contained in Subsection "c" above is forwarded immediately to DCYF Legal Counsel. All necessary parties will be notified prior to any court proceedings by DCYF Legal Counsel:
 - i. Legal Counsel notifies the Indian child's parent(s) or Indian custodian and the Indian child's tribe, by registered mail with return receipt requested, of the pending proceedings and of their right of intervention.
 - ii. If parent(s) and/or tribe is unknown, Legal Counsel notifies the Secretary of the Interior's Bureau of Indian Affairs by registered mail with return receipt requested.
 - iii. Legal Counsel forwards a copy of the applicable correspondence to the primary service worker. Primary service worker incorporates into the case record.
 2. Family Services Caseworkers and Probation Counselors
 - a. If there is no documentation in the case record regarding a child's Indian heritage, the primary service worker inquires if there is any Indian heritage and follows procedures outlined above (Subsection 1).
 - b. The primary service worker informs the family that they are entitled to rights and privileges in accordance with the ICWA.
- B. Court Involvement - ICWA protects the rights of Indian children, families and tribes and sets guidelines for the individual states to follow in handling child welfare cases

involving Indian children. Procedures outlined below are followed when there is a Family Court Hearing for the foster placement or the termination of parental rights (TPR) of an Indian child.

1. Hearing for Voluntary Placement/TPR:
 - a. If it has been determined that a child is of Indian descent and the parent(s) desires to voluntarily place the child, customary DCYF procedures are followed with the addition of the following (refer to Policy: 700.0015, Voluntary Placement):
 - i. Child must be at least ten (10) days of age. If younger than ten (10) days, consult DCYF Legal Counsel.
 - ii. Parent's request must be executed in writing at a Family Court Hearing and certified by the presiding Judge. Consult with DCYF Legal Counsel for protocol.
 - b. If the parent(s) of an Indian child desires to voluntarily terminate parental rights, customary DCYF procedures are followed with the addition of the following (refer to **Policy: 1100.0020, Termination of Parental Rights**):
 - i. Worker informs DCYF Legal Counsel that child is of Indian descent and discusses the appropriateness of the action. Legal Counsel will prepare the applicable documents for the procedure.
 - ii. Parent's request must be executed in writing at a Family Court Hearing. Consult with DCYF Legal Counsel for protocol.
2. Hearing for Involuntary Placement/TPR – In compliance with the ICWA, no foster care placement or termination of parental rights proceedings shall be held until at least ten days after receipt of the notice of the pending proceedings by the parent or Indian custodian and the tribe or the Secretary of the Interior.
 - a. The Court must be satisfied that placement/TPR is the last resort after all active efforts to maintain the child at home have failed.
 - b. For involuntary placement, in compliance with the ICWA, DCYF must prove with clear and convincing evidence, based on the testimony of expert witnesses that further care by the parent would result in serious emotional or physical damage to the child.
 - c. For a TPR, in compliance with the ICWA, a determination must be made supported by evidence beyond a reasonable doubt, including testimony of a qualified witness, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.
3. DCYF makes every attempt to locate and engage absent parents and paternal relatives as critical partners in meeting the permanency needs of Indian children and youth. If a putative father notifies the Department that he may be the father of a child in care, steps must be taken to determine paternity (refer to **Policy: 1100.0000, Obtaining Custody of Child Through the Dependent/Neglected/Abused Petition**).

- C. Emergency Placement:
1. If an Indian child is at risk of physical harm, he/she may be removed from the home on an emergency basis for his/her protection (refer to [Policy: 500.0075, Removal of Child from Home](#)).
 2. As soon as the child is placed, the procedures regarding the placement of an Indian child must be followed (refer to [RICHIST Window Help: Indian Child Welfare Checklist Window](#)).
- D. Placement of an Indian Child in a Placement Resource or Pre-adoptive Home
1. Selection of a Placement Resource - Placement Unit staff attempt to find a placement within a reasonable distance of the child's home and in the least restrictive environment to meet the special needs of the identified Indian child:
 - a. The Placement Unit's search for and selection of the placement occurs in conjunction with the tribe's representative in the following order of preference:
 - i. A member of the Indian child's extended family
 - ii. A foster home licensed, approved or specified by the Indian child's tribe
 - iii. An Indian foster home licensed or approved by an authorized non-Indian licensing authority
 - iv. An institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs
 - b. Deviation from the order of preference is made only when the Department can show good cause for such deviation and a final determination is made by the Tribe and sanctioned by the Family Court.
 2. Selection of an Adoptive Home
 - a. The search for and selection of the home occurs in conjunction with the tribe's representative in the following order of preference:
 - i. A member of the Indian child's extended family
 - ii. Other members of the Indian child's tribe
 - iii. Other Indian family
 - iv. Non-Indian family
 - b. Deviation from the order of preference is made only when the Department can show good cause for such deviation and a final determination is made by the Tribe and sanctioned by the Family Court.

Caseworker Visits Policy

DRAFT

Worker/Client Contact

Rhode Island Department of Children, Youth and Families

Policy: 700.0165

Effective Date: April 10, 1989

Revised Date:

Version: 3

Social Caseworkers in Family Services Units (FSU) and Juvenile Probation Officers are responsible to maintain regular contact, in person and by telephone, with the children and families served by the Department. In person contact with the child, the child's family and, if the child is in placement, the child's caretaker is essential in developing and maintaining effective working relationships. Through ongoing contact, the worker should assess and document whether or not:

- The child is receiving adequate care and supervision in his or her home or in out of home placement;
- The parents and child, if of appropriate age, are actively participating in service planning;
- There are effective services in place to address areas of need identified through the initial and ongoing comprehensive family assessment and service planning process to ensure the safety, permanency and well-being of the children,;
- Progress is being made towards achieving individual tasks and objectives outlined in the Service Plan Agreement (DCYF #032); or, if there is a lack of progress, identification of specific barriers that are impeding progress.

Additionally, when a child is in placement, the worker should address whether or not visitation and other forms of contact are occurring between the child and family, including siblings, and if the level of contact is appropriate. The worker is responsible to keep parents informed of changes made in a child's placement and to provide parents with current information regarding the child's education, health and development. Efforts must also be made to encourage a positive relationship between the child and parents and to preserve connections for a child with his or her extended family, community and culture. Frequent and consistent communication with the child and his or her caretaker is important in assessing the child's progress in placement and any ongoing issues of concern. The frequency of contact between the worker and child and the worker and the child's family is established in the Service Plan Agreement. All contacts with the child, family and caretaker must be documented in RICHIST.

It is the Department's policy, in accordance with Federal Law (PL 109-288, Child and Family Services Improvement Act of 2006), to ensure that children in foster care are visited at least once per month, or more frequently as needed, to ensure their safety, well-being and attainment of their permanency goals. The caseworker for purposes of this mandate includes any worker that the Department has assigned (including FSU Social Casework staff, Child Support Technicians and

Juvenile Probation staff) or contracted case management or visitation responsibilities. For a child placed out of state, whether in a treatment facility or foster home, the visit can be made by the worker from the sending state, the receiving state in which the child has been placed or a private agency under contract with either state. During this visit the worker should ensure that the placement continues to be the most appropriate and least restrictive safe setting, consistent with the best interest and special needs of the child. For children living at home active in FSU, the worker should have face to face contact with the child and the child's family, at a minimum, one time each month. Certain circumstances may require more frequent or less frequent contact. For youth living at home active on Probation, the worker must visit the youth and family in accordance with contact frequency standards outlined in Policy 800.0005: Juvenile Probation Supervision.

In the event that the worker is unable to establish regular contact with the child or children in a family, despite repeated efforts to do so, the worker must consult with legal counsel to determine if legal action is indicated.

Related Procedure

[Worker/Client Contact](#)

Worker/Client Contact

Procedure From Policy 700.0165: Worker/Client Contact

A. Contact with Child in Placement

1. The worker must have face to face contact at least one time per month with each child in foster care, preferably in the child's home, foster home or placement. The worker should try to speak with the child alone.
2. This requirement applies to children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions and pre-adoptive homes regardless of whether the foster care facility is licensed and whether payments are made by the State or local agency for the care of the child or whether there is Federal matching of any payments that are made.
3. The monthly visit must be well-planned and focused on issues pertinent to case planning, service delivery and goal attainment to ensure the safety, permanency and well-being of the child.
4. The monthly visit can be made by any worker that the Department has assigned (including FSU Social Casework staff, Child Support Technicians and Juvenile Probation staff) or contracted case management or visitation responsibilities.

B. Contact with Child at Home

1. For children living at home active in FSU, the worker should have face to face contact with the child and the child's family, at a minimum, one time each month. Certain circumstances may require more frequent or less frequent contact. In these situations, the following procedures apply.
 - a. Worker and supervisor discuss the need for more or less frequent contact. Supervisor must approve all situations involving frequency of contact between the worker and child that is less than one time per month.
 - b. Frequency is established in the service plan unless worker is visiting child more frequently on a temporary basis.
 - c. Decisions must be documented in case activity notes in RICHIST.
2. For youth living at home active on Probation, the worker must visit the youth and family in accordance with contact frequency standards outlined in Policy 800.0005: Juvenile Probation Supervision.
3. In the event that a parent will not allow worker to have face to face contact with a child living in the home, the worker should arrange a legal consult to determine if legal action is necessary.

C. Contact with Child's Parent(s)

1. The FSU worker should see the child's parent(s) at least one time per month.
 - a. If the situation requires more or less frequent contact, worker follows procedures below:

- i. Worker and supervisor discuss the need for more or less frequent contact. Supervisor must approve all situations involving frequency of contact between the worker and parent that is less than one time per month.
 - ii. Frequency is established in the service plan unless worker is visiting child more frequently on a temporary basis.
 - b. Parent(s) must be kept informed of changes in a child's placement and should be provided with current information regarding the child's education, health and development.
 2. The Probation worker must visit the parent(s) in accordance with contact frequency standards outlined in Policy 800.0005: Juvenile Probation Supervision.
- D. Contact with Child's Caretaker (Child in Placement)
1. The worker should see the child's caretaker, at least for a short period of time, each time the worker sees the child.
 2. Worker must keep the child's caretaker informed of the child's visitation schedule, upcoming court hearings and other information necessary to safely and appropriately care for the child in placement. The DCYF #187, Guide to Sharing Information outlines the types of information that can be shared with caretakers. The worker is encouraged to use this guide and provide it to the caretaker.
- E. Telephone Contact
1. Worker provides the child, if of appropriate age, with the worker's office address and telephone number and the name, office address and telephone number of the supervisor and administrator.
 2. Worker provides parents, and, if appropriate, members of the extended family with the worker's office address and telephone number and the name, office address and telephone number of the supervisor and administrator. Parents and appropriate extended family members should be encouraged to have frequent telephone contact with the worker.
 3. Worker provides caretaker with the office address and telephone number of the worker and the name, office address and telephone number of the supervisor and administrator. Caretaker should be encouraged to maintain frequent contact with the worker regarding the child's progress in placement.
- F. Each contact with the child, the child's family and, if the child is in placement, the child's caretaker must be documented in a Case Activity Note in RICHIST.
1. Documentation should include a description of subjects discussed.
 2. Documentation for an in person contact should include the names of individuals present during the visit.
 3. Documentation must address issues pertinent to case planning, service delivery and goal attainment to ensure the safety, permanency and well-being of the child.

INTERIM POLICY – SERVICES TO YOUTH AGES 18-21: 700.0240

The Rhode Island Department of Children, Youth and Families is responsible for the delivery of appropriate mental health services to children with serious emotional disturbance and/or functional developmental disabilities as defined in RIGL 42-72-5 and to provide aftercare services and supports to youth between the ages of 18 through 21 who were formerly in foster care.

Once Family Court jurisdiction has been terminated or if there is no Family Court involvement, youth reaching eighteen (18) years of age and who were receiving services from DCYF prior to or at the time of the youth's eighteenth (18th) birthday will be eligible to receive transitional services and/or supports on a voluntary basis in one of the following ways:

- Continue DCYF Involvement with voluntary services and supports for youth who are seriously emotionally disturbed (SED) or youth with functional developmental disabilities (DD). These youth are a priority population and will remain open to the Department and may remain in their current placements. Such youth may be eligible to receive services funded through the State Managed Health Care Program in accordance with RIGL 42-72-5 (d).
- Close to DCYF upon acceptance into an Aftercare Services Program those youth who are currently residing in out-of-home placements and who require assistance with accessing housing, employment, postsecondary education and medical insurance coverage.
- Close to DCYF those youth who can remain safely with their parents or relatives, who can go to a parent or a relative or who otherwise have a viable transition plan. These youth will be provided access to coverage for medical insurance.

The primary goal of these services is for participants to achieve an appropriate level of independence and to recognize and accept their personal responsibility for the transition from adolescence to adulthood. All services and supports are voluntary. The aftercare services component prepares youth for independence, helps former foster care youth to continue preparing for the challenges and opportunities presented by adulthood while receiving services and supports.

Related Procedure

Services to Youth Ages 18 - 21

Procedure From Policy 700.0240: Services to Youth Ages 18 - 21

A. Youth who are seriously emotionally disturbed (SED) or youth with functional developmental disabilities (DD)

1. Eligibility - A youth must meet all of the following requirements to be eligible for aftercare services:

a. The youth must be a resident of the State of Rhode Island.

b. The youth must be at least 18 years of age but less than 21 years of age and the youth must have been in the care and custody of DCYF or receiving services from DCYF prior to attaining their 18th birthday.

2. Responsibility - A youth or a youth's legal guardian must voluntarily agree to continue to receive services in accordance with the Department's case plan.

3. Services and Supports - Youth in an out-of-home placements for reasons of having a serious emotional disturbance and/or a functional developmental disability and who are still in need of DCYF-delivered services will remain open to the Department and shall continue to receive services, including residential placement, in accordance with the service plan.

4. Termination

a. Services and supports shall be terminated when any of the following conditions apply:

i. The youth achieves service plan goals or fails to follow service plan components and expectations.

ii. The youth voluntarily withdraws from the services.

iii. The youth is no longer a resident of Rhode Island.

iv. The youth reaches twenty-one (21) years of age.

b. A youth who voluntarily withdraws from the services may opt to re-engage in a service plan within six months of the youth's withdrawal from services.

5. Appeals - Any individual who is determined to be ineligible for SED/DD services and/or who is dissatisfied with the DCYF service plan developed under this section shall be entitled to file an administrative appeal with the Department in accordance with DCYF Policy 100.0055, Complaints and Hearings.

B. Aftercare Services for Former Foster Care Youth Who Will Be Closed to DCYF Upon Attaining the age of eighteen (18)

1. Eligibility - A youth must meet all of the following requirements to be eligible for aftercare services:

- a. The youth must be a resident of the State of Rhode Island.
- b. The youth must be at least 18 years of age but less than 21 years of age.
- i. The youth must leave foster care on or after the youth's eighteenth birthday and must have resided in foster care continuously for at least six months.
- ii. Foster care is defined as 24-hour substitute care for a child who is placed away from the child's parents or guardians and for whom the department has placement and care responsibility through either court order pursuant to a dependent, neglect and/or abuse petition or voluntary placement agreement.
- iii. A placement may meet the definition of foster care regardless of whether the placement is licensed and the Department is providing foster care payments for the child's care.
- iv. Foster care includes placement in foster homes, pre-adoptive homes, group homes and residential treatment facilities.
- v. Foster care does not include placement in a training school or any other facility operated primarily for the detention of children who are determined to be wayward or delinquent.

2. Responsibility - A youth must:

- a. Voluntarily elect to receive after care services.
- b. Actively take part in developing and participating in a transition to independence plan.
- c. Either be seeking employment or be employed or attend an educational or vocational program. This requirement may be temporarily waived if the youth is doing volunteer work while awaiting enrollment in school or actively pursuing employment. If the youth is employed, the youth shall contribute toward the costs of services on a sliding scale basis.
- d. Indicate recognition and acceptance of personal responsibility in the transition toward independence.

3. Services and Supports - The aftercare program may provide the following services and supports to eligible youth:

- a. Individual self-sufficiency plan - Each youth shall have an individual self-sufficiency plan based on an assessment of the youth's strengths and needs. The plan shall identify:
 - i. The youth's goals for achieving self-sufficiency.

- ii. The target date for reaching the goals.
- iii. The tasks, responsible parties, time frames, and desired outcomes needed to reach the goals.
- b. Life skills services to enable youth to maintain a safe, healthy, and stable home.
- c. Health, Education and Employment Supports
 - i. Enrollment in Medicaid or assistance in obtaining and retaining health insurance through other means.
 - ii. Access to the DCYF Higher Education Tuition Assistance Grant and Chafee Educational Vouchers
 - iii. Eligibility to apply for Teen Grants.
 - iv. Assistance with obtaining and retaining employment.
- d. Follow-up - The program shall maintain individual contact with the youth at a frequency as defined in the youth's self-sufficiency plan to ensure that the youth is meeting the goals of the plan.
- e. Ongoing assessment - Ongoing assessment activities shall be directed toward:
 - i. Monitoring the progress being made in the youth's ability to achieve self-sufficiency.
 - ii. Coordination and evaluation of the services and supports being provided to reach the self-sufficiency goal.
- f. Management Support activities shall include, but not be limited to:
 - i. Community involvement services to enable the youth to access community resources.
 - ii. Development of support systems, including services to assist the youth in establishing or reestablishing relationships with significant adults.
- 4. Termination
 - a. Aftercare services and supports shall be terminated when any of the following conditions apply:
 - i. The youth has achieved the goals of the self-sufficiency plan or has failed to follow self-sufficiency plan components and expectations as determined by the program administrator.
 - ii. The youth voluntarily withdraws from aftercare services.

- iii. The youth is no longer a resident of Rhode Island.
 - iv. The youth reaches 21 years of age.
 - v. There are insufficient funds to continue the services.
- b. A youth who voluntarily withdraws from the program may opt to re-enter the program within six months of his or her withdrawal from the program.
5. Waiting list - The Department shall create a waiting list when all funds appropriated to provide services to youth under the State Managed Health Care program transfer as referenced within RIGL 42-72-5 (d) and funds appropriated in the quarterly allotments for the aftercare services program as referenced in RIGL 42-72-5 (e) are committed during the fiscal year. Names shall be entered on the waiting list on a first-come, first-served basis once the youth is determined eligible.
6. Appeals - Any individual who is determined to be ineligible for aftercare services or is dissatisfied with the components of the self-sufficiency plan under this section shall be entitled to file an administrative appeal with the Department in accordance with DCYF Policy 100.0055, Complaints and Hearings.

ABANDONED INFANTS POLICY: 500.0130

Effective Date: February 3, 2003 Version: 1

In an effort to ensure the safety and well being of infants at risk of abandonment, the "Safe Haven for Infants Act" (Rhode Island General Law 23-13.1) has been enacted to allow a parent to anonymously relinquish an infant without facing prosecution. This Act requires every hospital, open medical emergency facility, fire station or police station operating in Rhode Island to take, without court order, temporary physical custody of an infant appearing to be age thirty (30) days or younger, who is voluntarily left with a staff member of the facility by a parent of the infant or a person acting on behalf of the parent when that person does not express an intent to return for the infant and circumstances give rise to a reasonable belief that the person does not intend to return for the infant.

A parent or a person acting at the direction of the parent who leaves a child at one of these facilities will be immune from prosecution for the act of abandonment if the infant is left in the physical custody of a staff member of the hospital or one of the other facilities and a comprehensive medical examination determines the infant has not been harmed or been the victim of physical neglect or abuse. The person leaving the infant may leave information regarding the identity of the infant, the parent, or other family member but is not required to do so. It is the responsibility of the hospital or other facility to offer the person written information provided by the Department concerning the legal effect of leaving the infant and the rights and immunity of the parents. The Department is responsible to develop an awareness program that includes, in part, the issuing of pamphlets and other literature to disseminate information regarding the rights and immunity established under this law.

The hospital or other designated facility must immediately contact the Department regarding the infant. The Department is expected to respond immediately to the hospital or other facility, place the child on a child protective hold and make arrangements for the child to undergo a comprehensive medical examination by a physician or a licensed nurse practitioner in accordance with RIGL 40-11-5. Thereafter, the Department shall petition the Family Court for an ex parte order to place the child in the temporary custody of the Department pursuant to RIGL 40-11-7. If no person has asserted a claim to be the parent of the infant within ninety (90) days after the Department has obtained temporary custody of the infant, the Department must initiate proceedings to terminate the parental rights of the parents on the legal basis of abandonment.

Related Procedure...

Safe Haven for Infants Act

Procedure from Policy 500.0130: Safe Haven for Infants Act

A. The Safe Haven for Infants Act provides immunity to the parent or person acting for the parent under the following circumstances:

1. Newborn child who is surrendered is thirty (30) days old or younger.
2. The infant is left in the physical custody of staff at a hospital, open medical emergency facility, police station or fire station.
3. The person leaving the infant must be a parent or acting at the direction of the parent.
4. A comprehensive physical examination determines the infant is not a victim of abuse or neglect. Injuries and/or conditions resulting from childbirth are not considered abuse or neglect.

B. The role/responsibilities of the hospital or other designated facility:

1. Take physical custody when an infant is left by a person who does not express an intent to return for the infant and the circumstances give rise to a reasonable belief that a person does not intend to return for the infant.
2. Provide the parent or agent of the parent written information concerning the legal effect of leaving the infant and the rights and immunity of the parents.
3. Keep confidential, except to share with the Director of the Department or his/her designee, any identifying information about the person leaving the infant, the infant, the parents or other family member of the infant obtained from the person leaving the infant.
4. Obtain any necessary medical care and treatment for an infant left at a hospital or other facility, that the attending physician believes necessary for the infant's well being, including testing for the human immunodeficiency virus and hepatitis.
5. Immediately notify the Child Abuse Hotline after taking physical possession of the infant.
6. If the court determines that immunity provisions do not apply and issues an order of the court, the hospital or designated facility must disclose available information relating to the identity of the person, the infant, the parents of the infant or other family member of the infant to the Office of the Attorney General.
7. The hospital or designated facility and/or any staff person associated with the hospital or facility shall be immune from criminal or civil liability arising from actions taken related to, but not limited to, determining the age of, receiving, examining or otherwise treating the infant. This immunity does not apply to acts or omissions constituting negligence or reckless, wanton or intentional misconduct.

C. The role/responsibilities of the Department

1. Accept report made to the Child Abuse Hotline regarding infant left at the hospital or designated facility. This report will be accepted as an Intake Services Referral and assigned to an investigator as a Safe Haven Report .
 - a. Immediately obtain a 72 hour hold from physician/nurse practitioner if infant was left at hospital or medical facility or a 48 hour child protective hold (law enforcement or DCYF) if infant was left at fire or police station. Refer to Policy 500.0075 Removal of Child from Home.
 - b. Arrange for a comprehensive medical examination of the infant by a licensed physician or registered nurse practitioner, if not already completed.
 - c. Make arrangements to place the infant in foster care until a permanent home is identified.
 - d. File an ex parte petition with the Family Court to seek custody of the infant.
 - e. Initiate proceedings to terminate the parental rights of the parents of the infant on the legal basis of abandonment if no person comes forward to assert a claim to be the parent of the infant within ninety (90) days after the Department has obtained temporary custody.
2. If it is determined, through the comprehensive medical examination of the infant by a physician or a licensed nurse practitioner, that the infant has been harmed or has been the victim of any physical neglect or abuse, the matter shall be classified as an investigation of child abuse and/or neglect and investigated in accordance with standard Departmental investigative procedures.

Continuum of Services

Department of Children, Youth and Families

- Community and Home-Based Non-Residential Services for Children and Families

Program Name	<i>Parent Education</i>	<i>Parent Aide</i>	<i>Project Early Start</i>
Program Description	<ul style="list-style-type: none"> Provides information relating to parenting and child care that will enable parents to provide a nurturing, safe environment for their children. Program provides parents with information and guidance regarding crisis resolution, appropriate child rearing practices, household management and community resources. Services are agency-based. 	<ul style="list-style-type: none"> Provides emotional support, education information and modeling for families whose children are at risk for abuse/neglect. Services are home-based for family preservation and family reunification. Services are for 6 months, typically with home visits 2-3 times per week. Program helps parents with child care, discipline techniques, home management, and problem-solving skills. 	<ul style="list-style-type: none"> Services for ages birth to 3. Children are at risk for developmental delays and other health related challenges. Provides home-based and center-based activities to enhance parenting skills. Services include parenting groups and play groups, information on parenting, child development and home management skills. <u>Project Enhanced Early Start</u> is an extension of this program providing services for children from birth to 5 years of age.
Population Served	<ul style="list-style-type: none"> Parent education programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful. 	<ul style="list-style-type: none"> Parent aide programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful. These services are more intensive than parent education services. 	<ul style="list-style-type: none"> Income eligibility is 250% of poverty for parents with children from birth to 3 who are at risk for developmental and other health-related risks. Ten percent (10%) of the service availability is allowed for families above income eligibility requirements.

Department of Children, Youth and Families

- Community and Home-Based Non-Residential Services for Children and Families

Program Name	<i>Children's Emergency Services (CES)</i>	<i>Children's Intensive Services (CIS)</i>	<i>Child and Adolescent Service System Program (CASSP)</i>
Program Description	<ul style="list-style-type: none"> Provides emergency services for families experiencing crisis due to issues relating to child abuse, neglect and dependency. Crisis intervention services are provided 24 hours per day/7 days a week. Voluntary services are directed toward maintaining the children in the home and de-escalating crisis situations. CES is designed as a 60 day program, but can be extended to 120 days as needed. Services include case management and a minimum of 2 parent aide visits per week. Day care is available to assist with respite needs and reduce parental stress. 	<ul style="list-style-type: none"> Services are for children and youth birth to 21. Designed to prevent psychiatric hospitalization and assist families in situations where their children are at risk for being placed in care outside of their home. Community-based intensive individual and family treatment. Provided through the 8 Community Mental Health Centers and Family Service, Inc. Comprehensive service system for children and families who have experienced out-of-home placement. Available services include, but are not limited to, crisis intervention - both agency and community based; intensive therapeutic services - both agency and community based; intensive case management which assists families to receive appropriate educational, health, vocational, recreational, and other appropriate services; respite care both in and out of home; psychiatric and psychological interventions; psychiatric hospital liaison activity; and collateral consultations with other agencies. 	<ul style="list-style-type: none"> Services are for children and youth birth to 21. Statewide system of care which assists parents and communities plan family-centered, wraparound services for children with emotional, behavioral, and/or mental health challenges so they can remain at home or as close to home as possible. Local Coordinating Councils (LCCs) are in each of the eight mental health catchment areas. Family Service Coordinators assist families to better understand the system and services. They are themselves experienced as caretakers of children with emotional or behavioral disorders. Planning Teams are comprised of family members and may include mental health, social service, recreational agencies, parent advocates, DCYF, spiritual groups, community organizations and educational systems. The teams meet with parents and youth to identify needs and arrange services to assist maintain family functioning and keep the child at home or as close to home as possible. Services include case management and non-traditional wraparound supportive services for family members.
Population Served	<ul style="list-style-type: none"> Services are voluntary to families seeking assistance. Self-referrals; DCYF referrals; Hospitals, Visiting Nurses, Mental Health agencies, Schools and Police Departments. 	<ul style="list-style-type: none"> Children and youth with a serious emotional disturbance from birth up to the age of 18, or 21 if they are in the care of DCYF. Children and youth being referred for CIS services may or may not have status with DCYF. 	<ul style="list-style-type: none"> Services are provided for children and youth who have a serious emotional disturbance. Referrals to CASSP can be made through community mental health centers and John Hope Settlement House in Providence.

Community and Home-Based Non-Residential Services for Children and Families *cont'd*

Program Name	<i>Youth Diversionary Program (YDP)</i>	<i>Outreach and Tracking</i>	<i>Project Hope</i>	<i>Care Management Team (CMT)</i>
Program Description	<ul style="list-style-type: none"> Designed to prevent delinquency and strengthen families with children ages 9 through 17. Services are for 90 days. Services target truancy, running away from home or risk of involvement in juvenile justice system. 	<ul style="list-style-type: none"> Services provided to youth 7-20 years of age, but more focused on 12 -17 in some programs. Intensive supervision program. Prevention of out-of-home placement or aftercare for youth returning home or to their community. Services designed to assist youth understand and manage their difficult behavior, and assist parents to improve their parenting skills. Services may be connected to DCYF programs as part of the continuum for aftercare. 	<ul style="list-style-type: none"> Services for youth age 12-21 who have a serious emotional disturbance; are adjudicated and are at the Rhode Island Training School; and, returning to their community (with the exception of residential treatment placements). Provides intensive case management (varies by catchment areas) and support services. Services are an extension of CASSP wraparound support. 	<ul style="list-style-type: none"> Designed to involve a child's family and larger community representatives in planning for treatment and service needs aimed at ensuring necessary treatment to maintain a child within their community whenever possible. Community-based teams work with families to make treatment and service decisions within each of the DCYF geographic Regions. Individualized treatment and care is focused on maintaining children and youth in the least restrictive setting possible, preferably at home.
Population Served	<ul style="list-style-type: none"> Referrals from schools, police, parents, self referrals, and community-based agencies. Youth referred to YDP cannot have a status with DCYF. 	<ul style="list-style-type: none"> Youth may or may not be active with DCYF. Behavior issues include disobedience, anger, aggression, truancy, drop out, running away, drug involvement or delinquent offenses. 	<ul style="list-style-type: none"> Referrals are from the Rhode Island Training School through an established process. 	<ul style="list-style-type: none"> Services are provided to families with high risk or high need children and youth in DCYF care who require a combination of services to effectively transition to or from residential treatment.

Levels of Residential Care –

Community-Based: Represents the least restrictive placement option. These programs utilize the public school system and mental health services are usually provided by community agencies.

<i>Specialized/Treatment Foster Care</i>	<i>Shelter Care</i>	<i>Group Care</i>	<i>Supervised Living</i>	<i>Independent Living</i>	<i>Step-Down</i>
The programs provide foster care with clinical support services for children and youth of all ages. These programs have been developed to provide a range of service intensity for children and youth who may have minor behavioral and emotional issues, as well as the more difficult children and youth with psychiatric and/or emotional and behavioral disorders.	These programs provide short-term assessment and treatment and/or behavioral management programming to children and youth whose living situations have disrupted and who need a period of stabilization while services are being identified and coordinated, or while longer term placements are being identified.	<p>Structured homelike environment which provides 24 hour supervision. Programs provide long-term care with case management services. Children and youth need assistance with accomplishing developmental tasks.</p> <p>There is usually significant family dysfunction, and disturbances in interpersonal relationships, emotions and conduct.</p>	<p>These programs provide overnight staff and minimum supervision in small living units for older adolescents who demonstrate some independent living skills, but need more assistance.</p> <p>Some are for more specialized populations with more intensive supervision and treatment, as well as case management services, for psychiatric and/or emotionally disordered youth.</p>	These programs provide case management services to older adolescents and young adults who are living in agency supported independent apartments.	These programs provide clinically intensive crisis management and treatment. These programs serve as traditional placements for children and youth leaving hospitals or treatment centers and may be effective in preventing hospitalization.

Residential Treatment: This level of care represents self-contained programs which usually provide comprehensive services including but not limited to certified special education and/or regular educational programs and clinical services.

<i>Highly Supervised</i>	<i>Highly Structured</i>	<i>Psychiatrically Supervised</i>	<i>Secure Setting</i>
These programs are staff secure/staff intensive, providing a therapeutic homelike setting with comprehensive clinical services for emotionally disturbed children and youth with significant disturbance of conduct and interpersonal relationships. Children and youth typically are provided with self-contained non-public education and have special education needs.	These programs are also staff secure/staff intensive, providing a self-contained setting with behavior management and control. Provides psychiatric consultation and comprehensive clinical services. Best suited to youth who are diagnosed with conduct, adjustment, and serious AXIS II disorders. Structure is needed to improve treatment outcomes.	A self-contained setting which provides treatment of psychiatrically disordered and/or severely emotionally disturbed children and youth. These programs have mental health treatment teams and psychiatric supervision which includes medication monitoring.	This is a locked setting which utilizes a program of behavioral management and control. Best suited to clients who are diagnosed with serious AXIS II disorders or conduct disorders and who demonstrate severe aggressive behaviors (not psychogenic) and suicidal gesturing.

Psychiatric Hospital: Secure/Psychiatric Treatment – provides medical, psychiatric treatment and educational services. Rhode Island has two psychiatric hospitals serving children/youth. Bradley Hospital is a children’s hospital. Butler Hospital is primarily an adult psychiatric hospital, but also serves a small population of youth.

Citizen Review Panel Report

Report to Rhode Island Department of Children, Youth and Families

ON

CITIZENS' REVIEW PANEL activities, 2006 - 2007

Submitted by Christine Barron, MD
Chair of Citizens' Review Panel
June 15, 2007

INTRODUCTION

The Rhode Island Citizens' Review Panel performed five primary functions during fiscal year 2006 - 2007. The first was to provide a multidisciplinary forum to review cases of suspected abuse and/or neglect reported to the Department of Children, Youth and Families (DCYF), the state agency responsible for investigating such cases. The second was to provide a venue for Panel members to present cases to DCYF personnel to determine if agency referral was indicated by law or by the child's best interests. The third was to engage in a collaborative effort with DCYF and Rhode Island mental health advocates to amend state law relating to confidentiality of health care communications and information. The fourth was to advocate for legislation changing the venue for second-degree child physical abuse cases from Family Court to Superior Court. The fifth was to continue to develop a survey of community leaders to help determine if DCYF's current operational definition of emotional abuse can be revised to one with a more preventive focus.

ACTIVITIES OF THE MULTIDISCIPLINARY CASE REVIEW GROUP

Community members from a wide variety of disciplines met on a weekly basis to discuss concerning cases in which abuse and/or neglect had been reported to DCYF. The group also presented cases in which abuse and/or neglect remained undetermined, requiring further input and recommendations from panel members. Core group members included the following:

- Administrators and supervisors for DCYF's Child Protective Investigators
- Administrators and supervisors for DCYF's Family Services Unit
- Hasbro Children's Hospital personnel, including representatives from the Child Protection Program, Clinical Social Work Department, Nutrition Department, Child Life Department, Nursing staff, Pediatric Intensive Care Unit, Pediatric Ambulatory Clinic, Pediatric Sub-Specialty Clinics, Department of Child and Family Psychiatry, and Emergency Department

- Representatives from the Rhode Island Attorney General's Office
- Representatives from the Rhode Island Children's Advocacy Center (CAC) and Day One (formerly the Sexual Assault and Trauma Resource Center)

For particularly complex cases requiring further input, outreach to other community participants was conducted to elicit additional expert opinions. Those who were invited for comment on a case-by-case basis included the following:

- DCYF investigators and social workers
- Representatives from local and/or state police agencies
- Emergency medical technicians from statewide community rescue services
- School personnel
- Personnel from visiting nurse agencies
- Representatives from Early Intervention Programs and CEDARR
- Representatives of various community housing authorities
- Community pediatricians
- Physician sub-specialists, i.e., surgical sub-specialists, radiologists
- Nursing staff from other hospitals
- Staff from various chronic care institutions for children

In fiscal year 2006-2007, the Citizen Review Panel met 48 times and reviewed a total of 630 cases, averaging 13 cases per meeting. Cases reviewed by the group fell into the following categories:

Sexual Abuse	394
Physical Abuse	107
Child Neglect	73
Emotional Abuse	4
Failure to Thrive	15
Medical Neglect	20
Accidental Injury	17

Reviews begin with a presentation by the Child Protection Program staff members who examined the patient and/or interviewed the patient and his/her family. After the case presentation, representatives from each relevant discipline involved in the case present additional

information they have obtained during the course of their interactions with the patient and family. The entire Panel then discusses further material that may be needed to complete an investigation, assess the degree of safety risk to the child, and/or determine available resources to help the child and family. At the end of each case discussion, the Panel makes specific recommendations regarding disposition, including placement issues, counseling referrals, and possible prosecutorial follow-up. Information on each case is recorded and maintained as part of the Citizens' Review Panel record. Cases in which there are ongoing issues of concern are frequently reviewed at subsequent meetings to ensure that case plans are being implemented.

The review team's process, in which core group members are joined by relevant community participants on a case-by-case basis, allows multiple disciplines throughout the state to have input into the DCYF decision-making process. DCYF personnel have repeatedly stated that the information they receive from community leaders who were invited for comment is critically important in helping them exercise their responsibility to ensure the health and welfare of children at risk.

COORDINATED ASSESSMENT/CASE EXAMPLES-FAILURE TO THRIVE –

Child abuse reporting statutes in Rhode Island state that a report to DCYF is “mandated if you have cause to know or suspect that the child is being abused or neglected.” (RI General Laws 40-11-3) This somewhat broad legal definition can frequently leave practitioners and investigators with a degree of ambiguity in cases involving non-organic failure to thrive. Non-organic failure to thrive is suspected when an infant or child's growth is noted to be low or to have decreased over time, and there is no apparent medical disorder contributing to the growth failure. It is often the result of environmental neglect (i.e., lack of food) or stimulus deprivation. Lack of food may be due to factors such as impoverishment, poor understanding of feeding techniques, or improperly prepared formula. Stimulus deprivation is often a complex of disordered interaction between a child and caregiver. Infants may be depressed due to stimulus deprivation and become apathetic and disinterested in feeding. Stimulation may be lacking because the caregiver is depressed or lethargic, has poor parenting skills, is anxious about or unfulfilled by the caregiving role, feels hostile toward the child, or is responding to psychosocial stressors (i.e., large and chaotic families, relationship/marital dysfunction, financial difficulties). Stimulation may also be lacking because the caregiver has serious cognitive limitations that impact his/her ability to provide appropriate nutrition.

The Citizens' Review Panel provides a forum for representatives of multiple disciplines to discuss such issues and receive feedback regarding ambiguous cases. Several such cases have been brought before the Panel for review during the past fiscal year. Two examples:

- A four-year-old girl was admitted to the hospital's intensive care unit with pneumonia. The patient had been born 12 weeks prematurely, and had a twin sibling. The patient had been involved with the Child Protection Program when she was a baby because of severe failure-to-thrive, and ultimately was placed in foster care due to continued weight loss in her mother's home. The patient had multiple special needs, including cardiology problems, and hearing and vision issues. The patient was returned to her biological mother after gaining weight in foster care. Upon return to mother's home, the patient began to lose weight. The patient also developed behavioral issues related to feeding,

including emotional outbursts around attempts to have a more structured eating schedule. Mother reportedly was easily frustrated by the patient's emotional outbursts, which impacted her ability to enforce a behavioral regimen surrounding feeding issues. Mother also reportedly missed some scheduled appointments with the patient's medical specialists treating her special needs.

The Panel members met with representatives of the hospital's child psychiatry department, who had been actively involved with the patient's case. The psychiatry representatives advised that the patient had gained weight since being admitted to the hospital, but had not been gaining at home, despite ongoing involvement of an early intervention program. They recommended that the patient be placed in foster care upon discharge from the hospital due to her continued failure to gain weight at home. The psychiatry representatives did note that the patient and mother have a strong emotional bond. They also noted that the patient's primary care physician did not feel the patient would benefit from another out-of-home placement. Additionally, they noted that the various disciplines involved with the patient—including the primary care physician, psychiatry, the hospital feeding team, the DCYF social worker, and the early intervention program—had never met with mother together to draw up a concrete treatment plan.

Panel members suggested that mother's failure to bring the patient for scheduled appointments with medical specialists constituted medical neglect. Given mother's medical neglect and the patient's continued weight issues, should the patient be removed from mother's home and placed in foster care?

- A two-year-old boy who had been born 14 weeks prematurely was diagnosed with failure to thrive after having had appropriate weight gains for the first several weeks of his life. Mother was reported to have significant cognitive limitations. A multitude of services had been provided to the patient and his mother, including ongoing involvement by an early intervention program, regular visits by the VNA, and admissions to two partial hospital programs. Mother was provided with parenting aides to teach her basic skills such as cooking and writing a grocery list of appropriate foods for the patient. The aides also accompanied mother to the supermarket to provide further education about making healthy food choices. Additionally, a multi-disciplinary team of the patient's caregivers had met with mother and established growth goals with a concrete behavioral treatment plan.

Representatives of the early intervention program met with the Panel to express concerns about the patient's continued severe weight issues despite the active involvement of multiple service providers. The early intervention representatives noted that mother kept all appointments with the providers and eagerly accepted their help, yet appeared unable to incorporate what she had been taught into actual practice. The early intervention representatives expressed concern that mother's cognitive limitations were so significant they impacted her ability to learn basic skills essential to appropriate feeding and care of the patient.

Although the patient has continued to lose weight, mother has been compliant with all treatment providers. Should the patient be removed from mother's home and placed in foster care despite mother's compliance?

In both case examples, the Panel served as a resource for involved disciplines to consider the complexities involved with each caregiver's response to her child's medical condition. The Panel engaged in lengthy discussion about each case, and the group's decisions were used to help inform policies and practices.

In case number one, the Panel recommended that while mother's missed appointments with the patient's specialists constituted medical neglect, the patient should remain in mother's care pending further evaluation. The Panel noted that the patient's many treatment providers had never met with mother as a coordinated team to develop a concrete treatment plan with clearly stated goals and objectives. Panel members suggested that with non-coordinated feedback from a multitude of providers, mother may be confused about appropriate behavioral regimens and also may not fully understand the significance of the patient's weight issues. The Panel suggested that a team meeting be scheduled with mother regarding a comprehensive written treatment plan and contract, and that specific goals and objectives be clearly explained to mother. The Panel also recommended that a strict time limit be established for achieving each goal. The Panel suggested that if mother failed to maintain the terms of the written contract, recommendations should then be made that the patient be placed in foster care.

In case number two, the Panel recommended that the patient be placed in foster care. The Panel noted that a multi-disciplinary team of mother's many service providers had coordinated their efforts to establish a treatment plan with clearly stated goals and objectives, yet mother had consistently been unable to meet those goals. The Panel also noted that mother had failed to achieve those goals despite assistance from multiple service providers. The Panel also expressed concern that several providers had concluded mother was consistently unable to incorporate what she had been taught into actual practice. Given concerns about mother's cognitive limitations and her inability to meet clearly delineated goals and objectives despite optimal support, the Panel recommended the patient be placed in a foster home.

CONFIDENTIALITY OF HEALTH CARE INFORMATION –

Rhode Island general law 40-11-3 defines "duty to report" suspected child abuse or neglect. The law states that "any person who has reasonable cause to know or suspect that any child has been abused or neglected as defined in 40-11-2...or has been a victim of sexual abuse by another child shall, within twenty-four (24) hours, transfer that information to the department for children and their families or its agent who shall cause the report to be investigated immediately." Any physician who has examined a child and has cause to know or suspect that the child is abused or neglected is further mandated to make a written report of his/her findings to DCYF, in addition to notifying DCYF at its CANTS (Child Abuse and Neglect Tracking System) 24-hour hotline.

While current RI law mandates that physicians report suspected abuse or neglect regarding children they have examined, it does not address reporting suspected abuse or neglect when the patient is a child's *parent*. This apparent oversight in the law has frequently left physicians with two untenable choices: a. report to DCYF concerns about a parent abusing or neglecting a child and violate Rhode Island confidentiality laws in the process, or b. comply with state law by not reporting a parent's suspected abuse or neglect of a child and potentially leave a child at risk of harm as a result.

In the past fiscal year, physicians at Rhode Island Hospital have been confronted with several cases in which concerns about an adult patient have caused them to suspect the patient's child may be at risk—even though the child was not also a patient at the hospital. Here are two examples:

- The mother of an 11-year-old child who had previously been an in-patient at Hasbro Children's Hospital was brought to the RI Hospital Emergency Room after being in a car accident in which mother was reported to have been driving on the wrong side of the road. The mother's child had been discharged from Hasbro Children's Hospital one day earlier after a lengthy admission secondary to complications from a birth-related brain injury. The child was discharged from the hospital "vent-dependent," meaning he needed a continuous mechanical ventilator to breathe. The child also had multiple other medical conditions that required ongoing supervision by an adult caretaker.

Upon her admission to the Emergency Room at 3 am, mother said she had gone out several hours earlier to "celebrate" her son's discharge from the hospital. Mother said she only had "one drink," and denied using any illegal drugs. Blood work showed mother had a blood alcohol level that was twice the legal limit. Laboratory screens also indicated mother tested positive for cocaine and marijuana.

Physicians and social work staff involved in the case were concerned that less than 24 hours after the mother's child was discharged from the hospital, mother was driving under the influence of alcohol and drugs at three o'clock in the morning. Current state law, however, did not allow the physicians to report their concerns about the safety and well-being of mother's child because the child was not their patient. Alternatively, if the physicians did not report their concerns to DCYF, there could be no at-home investigation to determine whether a severely medically compromised child was at imminent risk secondary to mother's substance use and lack of supervision. After team discussion of the case, a psychosocial evaluation was conducted, and an appropriate at-home caretaker was identified and contacted.

- A mother came to the Rhode Island Hospital Emergency room late at night with her 5-year-old daughter. Mother said she brought her daughter with her because there was no one at home to supervise her. The mother was reported by ER staff to be behaving erratically. Staff also reported that mother was making vague complaints of pain that

mother said required being given a prescription for a powerful painkiller. When social work staff interviewed mother, she acknowledged that she had occasionally used heroin, but denied currently being under the influence of the drug. Physicians had a significant level of concern that mother was “drug-seeking,” i.e., seeking opiates through the Emergency Room secondary to substance abuse issues. Current state law did not allow the physicians to report mother’s history of heroin use and their concerns that mother may have been drug-seeking in the presence of her young child. If the physicians failed to report their concerns, however, DCYF could not investigate whether the child was at imminent risk secondary to mother’s possible drug-seeking behavior and acknowledged history of heroin use.

Because mother already had a state social worker working with the family, staff contacted the social worker and discussed their concerns regarding mother’s behavior. The social worker went to the home after mother was discharged from the emergency room, and mother then reported that she used heroin on a daily basis. Father also had an unregistered firearm in the home. Additionally, mother’s other child was staying at a relative’s house in which there had been an assault involving a machete within the previous 48 hours.

During the past year, staff from Rhode Island Hospital’s Risk Management Department met with Panel representatives from the Child Protection Program, administrators from the Hospital’s Clinical Social Work Department, and DCYF’s Legal Department to discuss the dilemmas facing mandated reporters under current state law. Panel members stressed that failure to report concerns about a parent potentially violated healthcare workers’ legal mandate to protect children by reporting suspicion of abuse or neglect, regardless of the source of that suspicion. Clinical Social Work representatives also noted that failing to report abuse or neglect concerns because of current state law is a possible violation of their professional code of ethics. An interim agreement was reached that Hospital staff would report suspected abuse or neglect whether the child OR the parent was the patient while efforts to draft an amendment to current legislation were initiated by DCYF’s Legal Department.

Due to anticipated concerns regarding the potential release of confidential mental health information, outreach to state mental health advocates was then conducted to elicit feedback about the initial draft of the proposed legislation. Representatives of the Citizens’ Review Panel met with the state’s leading mental health advocate, along with DCYF Legal Department representatives and members of Rhode Island Hospital’s Legal Department. A primary concern of the mental health advocate was whether a parent’s history of mental health issues, i.e., a diagnosis of bipolar disorder, could be used as a sole reason for professionals to report suspected abuse or neglect under the proposed legislation. Panel representatives noted that many parents of children who are seen at the Hospital’s ChildSafe Clinic for suspected abuse or neglect have histories of mental health issues. Panel representatives advised that a parent’s history of current or prior psychiatric difficulties is not used as criteria for suspicion of abuse or neglect unless a parent’s mental health issues currently represent a risk to the child, i.e., a parent reports she is having auditory hallucinations telling her to harm her child. Panel representatives emphasized that a parent’s mental health issues in and of themselves—without any current manifestations

that pose imminent risk to a child—are never reported to child protection or law enforcement authorities.

Based on input from the mental health advocate and Citizens' Review Panel representatives, DCYF's Legal Department developed proposed legislation to allow abuse and neglect concerns regarding *parents* who are patients to be reported by healthcare professionals. The proposed legislation reads as follows:

“No consent for release or transfer of confidential healthcare information shall be required...by a health care provider...to appropriate law enforcement personnel or appropriate child protective agencies...if the parent or guardian of the minor child is or has been a patient and the disclosure of the confidential health care information of the parent or guardian may be necessary to prevent harm to the minor child.”

Representatives of the Citizens' Review Panel recently testified before a committee of the Rhode Island Legislature in favor of the proposed amendment. Based on feedback from committee members, DCYF Legal representatives are working with the Hospital's government relations department to make minor changes to the proposed legislation. Panel representatives will testify at all future hearings regarding the amendments. If the legislation does not pass this year, Panel representatives will continue to work with mental health advocates, DCYF, and the Hospital's government relations and legal departments to support passage of a similar amendment during the next legislative session.

PHYSICAL ABUSE/COURT JURISDICTION –

Rhode Island state law (11-9-5.3) defines child physical abuse as either “first-degree child abuse” or “second-degree child abuse.” First-degree child abuse is defined as “inflicting upon a child serious bodily injury.” Serious bodily injury is defined as a physical injury that creates “a substantial risk of death; causes protracted loss or impairment of the function of any bodily parts, member, or organ, including any fractures of any bones; causes serious disfigurement; or evidences...signs of shaken baby syndrome and/or abusive head trauma.” Second-degree child abuse is defined as “inflicting upon a child any other serious physical injury.” “Other physical injury” is defined as any injury, other than a serious bodily injury, which arises “other than from the imposition of non-excessive corporal punishment.” Second-degree child abuse can include injuries such as severe bruising, belt marks leaving pronounced swelling and redness, and burns that do not result in permanent scarring or prolonged impairment.

First-degree child physical abuse cases are adjudicated in the Rhode Island Superior Court. The penalty for a first-degree child physical abuse conviction is imprisonment “for not more than 20 years, nor less than 10 years and fined not more than \$10,000.” Second-degree child physical abuse cases have been adjudicated in the Rhode Island Family Court system. The penalty for second-degree child abuse is imprisonment “for not more than 10 years, nor less than 5 years and

fined not more than \$5000.” Because of inherent differences in the criminal vs. family court systems, Citizens’ Review Panel members noted repeated inconsistencies in the adjudication of physical child abuse cases between the two court systems. Panel members noted that conviction rates for physical child abuse were consistently lower in Family Court than in Superior Court. Panel members also noted that the Family Court system sometimes reduced physical abuse cases with strong medical evidence to lesser charges, or failed to convict at all because of judges’ confusion about Rhode Island child abuse laws. A case example:

- The mother of a six-year-old girl noted extensive bruising to the child while bathing her after the child’s father had left the house to go to work. The father had supervised the child earlier that morning while mother stayed in bed due to a cold. The child was evaluated at Hasbro Children’s Hospital and was noted to have multiple red linear lesions as well as multiple bruises consistent with blunt trauma with multiple impacts. The child told the examining physician that her father hit her several times on the back and shoulder area with an open hand. The child’s older brother witnessed the incident and said his father hit the child on the back several times. The child and her brother said father was upset because the child accidentally poked father in the eye with a toy. Father said he accidentally struck the child in a reflex after she hit him with the toy.

The Family Court judge who presided over the case said he did not believe the father’s assertion that he accidentally struck the child. The judge also indicated that he agreed with expert medical testimony that the child’s injuries were the result of blunt-force trauma. But the judge also said the state had “failed to make its case” and found the father not guilty of second-degree child abuse. In rendering his decision, the judge said the state had failed to prove that the defendant “knowingly or intentionally” injured his daughter. Rhode Island child abuse statutes, however, do not require that prosecutors prove intent to harm. Although the decision was incongruous with state law, the child remained in the care and custody of a parent who—even by the judge’s assertion—had inflicted significant non-accidental injuries on the child.

Given concerns about continuing inconsistencies between Family Court and Superior Court adjudication of child abuse cases, Panel members discussed the possibility of submitting legislation to have all physical child abuse cases heard in one court system. Panel members met with representatives of the Rhode Island Attorney General’s office to discuss a proposed legislative amendment that would shift jurisdiction of second-degree physical child abuse cases from Family Court to Superior Court. Panel members suggested that having the same court venue for all child physical abuse cases would result in greater consistency regarding interpretation of state child abuse laws. Panel members also noted that the long-term safety of physical child abuse victims could be better ensured when the same legal standards for alleged offenders were applied within one court system.

In its 2006 session, the Rhode Island General Assembly passed the proposed legislation, and added second-degree physical child abuse to the list of violations in which jurisdiction is vested in the Superior Court.

EMOTIONAL ABUSE WORK GROUP PROGRESS –

In the 2003-2004 Citizens' Review Panel Report, the Panel recommended that DCYF and Panel representatives engage in discussions to review DCYF's operational definition of emotional abuse. The current definition requires that there be "impairment to the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior." The Panel's report expressed concern that the definition is reactive in nature, allowing the child protection system to intervene only after severe emotional dysfunction has occurred. The Panel recommended that discussions be initiated to determine if the scope of DCYF's current definition could be expanded to one with a broader and more preventive focus.

As a result of the Panel's recommendation, DCYF requested that a work group be convened to facilitate further discussion and review. In response, the Panel recruited group members from area community-based social service agencies, the Office of the Child Advocate, Prevent Child Abuse Rhode Island, a local school system, as well as representatives from DCYF and Hasbro Children's Hospital. The group developed a survey of Rhode Island physicians, schools, and community social service agencies to determine how they define emotional abuse. An updated survey based on feedback from professionals with an expertise in developing surveys is currently being completed. The finalized survey will then be sent to the IRB (Internal Review Board) for approval. (See attached survey) After the survey is distributed and the data collated, the group will reconvene to discuss the survey feedback and how it can assist in efforts to develop a new definition of emotional abuse.

RECOMMENDATIONS –

In light of the above, the Citizens' Review Panel makes the following recommendations to DCYF:

1. The Citizens' Review Panel's multidisciplinary forum is a highly useful venue and should be continued. DCYF personnel have found the process to be extremely helpful, and care-providers for children in the community have appreciated the greater access that the forum's outreach provides to DCYF. The process has facilitated communication among multiple disciplines throughout the community serving children at risk.
2. Collaborative efforts should continue with Panel members, DCYF's Legal Department, and state mental health advocates to ensure passage of legislation that would allow healthcare providers to report abuse/neglect concerns when the patient is a child's parent.
3. The emotional abuse work group convened by the Panel should continue its meetings once IRB approval allows the finalized community leaders survey to be distributed and the data collated for further discussion.

As in every year since the inception of the Citizens' Review Panel, we remain highly impressed with DCYF's willingness to collaborate with the community and to work with the Panel. DCYF staff has been open and receptive with community leaders, and DCYF continues to work with the Citizens' Review Panel to provide a coordinated response to children in need.

Christine Barron, MD

Assistant Professor of Pediatrics

Brown Medical School

Chair, Citizens' Review Panel

ATTACHMENT

Survey for Evaluating Emotional Abuse

1. Please check the group that best identifies your profession:

Pediatrician	Psychiatrist	Teacher
Family Medicine	Psychologist	School Administrator
Nurse	Social Worker	Other _____
Nurse Practitioner		

2. What type of setting do you work in?

School	Mental Health Center
Pediatric Hospital	Ambulatory Health Center
Psychiatric Hospital	Other _____
Private Practice	

3. How long have you worked in your profession? _____

4. What age group(s) of children do you work with? (Please check all that apply)

1 – 11 months	5 – 9 yrs	15 – 18 yrs
1 yr – 4 yrs	10 – 14 yrs	All Ages

5. Have you **ever** been concerned about emotional abuse by a parent/caregiver of a patient/student? Yes No (If No, go to question 10)

If Yes, have you been concerned over the last year? Yes No

If No, have you been concerned over the last two years? Yes No

6. If you have ever been concerned about emotional abuse:

- a. What is the approximate number of patients/students you have had concerns about in the course of your career? _____

- b. Who has been the alleged offender? (Please check all that apply)

Mother	Paramour (parent's boyfriend/girlfriend)
Father	Grandparent
Stepparent	Foster parent
Other (define) _____	

- c. How frequently did **each** of the following items contribute to your overall concerns of emotional abuse? Please use rating scale: 0 – never, 1 – rarely, 2 – sometimes, 3 – usually, 4 – always.

• Demeaning comments made to the child 0 1 2 3 4

- Threatening comments made to the child 0 1 2 3 4
 - Child exposed to emotional harm between others
(domestic abuse issues) 0 1 2 3 4 • Basic
 - emotional needs being neglected 0 1 2 3 4
 - Other (define)_____ 0 1 2 3 4
-

7. Please check which one of the following has **most frequently raised** your concerns about emotional abuse:

- Disclosure by the child
- Witnessed behaviors of caretaker(s) directly by yourself
- Concerns raised by others
- A combination of reports and witnessed events
- Other _____

8. Did you report your concerns to DCYF? Yes No

a. If yes, was your report investigated by DCYF? Yes No
Not sure

b. If you did **not** report your concerns to DCYF, why not?
(Please check all that apply)

- Assumed case would not be investigated
- Assumed reporting would cause more problems for the child
- Assumed working with the child and family without DCYF involvement would be more effective
- Unclear what constituted emotional abuse
- Other _____

9. What course of action did you take when there were cases you were concerned about, but did **not** make a report to DCYF?

10. Attached is the operational definition of Emotional Abuse in Rhode Island.
Do you think this is an adequate definition? Yes No

Why or why not:_____

11. Should the definition of Emotional Abuse include documented impairment or **risk** of impairment? Documented impairment Risk of impairment Other
(Please specify) _____

12. Who should complete the assessment for possible Emotional Abuse?
(Please check all that apply)

Primary Care Physicians
Emergency Department Physicians
Mental Health Counselors
Nurses
Psychiatrists
Psychologists
Social Workers
Other _____

13. Please list any prevention programs you are aware of and/or that you utilize for families where there are concerns of emotional abuse.

14. Please provide any additional information you think would be helpful.

Please return survey by **DATE** to:
Christine Barron, MD
Hasbro Children's Hospital
Child Protection Program
Coro West
1 Hoppin St., Suite 2.300
Providence, RI 02903

Thank you for your assistance!

State of Rhode Island and Providence Plantations
Rhode Island Department of Children, Youth and Families

Donald L. Carcieri
Governor



Patricia Martinez
Director

*As active members of the community, we share a vision that all children, youth and families
reach their fullest potential in a safe and nurturing environment*

September 19, 2007

Christine Barber, M.D.
Chair, Citizen Review Panel
Rhode Island/Habre Hospital
Child Protection Program
Cora Building
1 Hoppin Street, Room 2.300
Providence, RI 02903

Dear Dr. Barber:

On behalf of the Department of Children, Youth and Families (DCYF), please accept this letter in response to the 2007 Citizens Review Panel Report. The important work that is performed by this panel is essential to the operations of DCYF as we continue to seek assistance from our partners in efforts to improve the practice and processes by which we respond to allegations of child abuse and neglect.

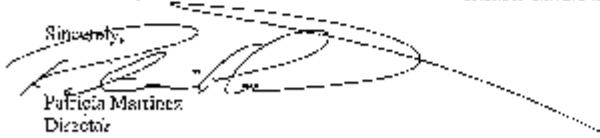
The issues raised in the 2006-2007 Citizen Review Panel Report are substantial. The Department agrees with two of your recommendations:

- Continue the work of the Citizen Review Panel,
- Continue the valuable work necessary to promote prevention-focused public awareness regarding emotional abuse as a form of child maltreatment by looking at redefining emotional maltreatment.

The panel's third recommendation suggests that legislation be re-introduced to address issues of confidentiality that prevent information from being shared with child protection investigators when the patient is the parent of a child, and the concern is about the parent's ability to properly care for the child. As I am sure you can appreciate, this is a matter that requires more consideration and exploration. However, the Department will ensure that it provides all necessary information relative to child protective investigations, and will provide appropriate information to assist the legislative policy makers in their deliberations should the legislation be reconsidered.

Thank you again for your commitment and dedication to improving the manner in which our collective systems respond to protect and care for our most vulnerable children.

Sincerely,


Patricia Martinez
Director

191 Friendship Street, Providence, Rhode Island 02903 - Voice: (401) 528-3548 Fax: (401) 528-3590 - TDD: (401) 222-5803
visit our website at: <http://www.dcyf.ri.gov>

Work Plans

Work Plans ***Federal Fiscal Year 2008 Application***

Title IV-B, Part 1

Prevention and Support Services	\$415,097
Family Preservation/Crisis Intervention	\$264,300
Adoption Promotion/Support	\$265,003
Administration/Management	<u>\$ 45,280</u>
TOTAL	\$ 989,680

Title IV-B, Part 2

Family Support	\$273,432 (21%)
Family Preservation	\$300,000 (23%)
Time-limited Reunification	\$348,000 (27%)
Adoption Promotion/Support	\$294,500 (23%)
Administration/Management	<u>\$ 76,121 (6%)</u>
TOTAL	\$1,292,053

Title IV-B, Part 2

Caseworker Visits with Child	\$ 17,813
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CAPTA

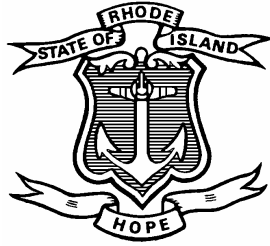
Citizen Review Panel	\$ 45,000
FOP Liaison for EI Referral Process	\$ 70,125
Deaf/Hard of Hearing Sign Language Support	\$ 7,725
Fingerprinting Equipment	\$ 3,750
CPS Training	<u>\$ 2,978</u>
TOTAL	\$129,578

CFCIP

Office of IL Coordinator	\$ 107,000
Life Skills Training (ILP-22-Group Care)	129,000
Consultation and Technical Assistance	90,684
Teen Grant (ILP 18)	80,000
Life Skills Center (ILP-21-Foster)	164,075
Youth Advisory Board	7,500
Coordination of Education/Training	50,000
Audit	733
Printing	6,967
Youth Conference	9,000
Education and Training Conference	9,000
Computer Camp	19,985
Conferences and Travel	7,500
AS 220 – Artworks	<u>52,286</u>
TOTAL	\$ 733,730

Education and Training Vouchers

IL 10-RICORP	\$ 252,122
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Rhode Island

Department of Children, Youth and Families

Child Welfare Emergency Preparedness Plan

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To: Director Patricia Martinez
Department of Children, Youth and Families
101 Friendship Street
Providence, RI 02903

Proposal for Changes, Corrections, Additions and Deletions to the Emergency Operations Plan

Any user of this plan is encouraged to recommend changes that the user feels might enhance or clarify a particular portion of the area being addressed. Suggested changes should be submitted to the Director's Office, at the above address, for coordination, comment, concurrence and approval. The format suggested changes should be by Section, Paragraph/Subparagraph and page number.

CHANGE:

SHOULD READ:

Submitted by: (Name)

(Date) (Phone Number)

[illegible]

**MESSAGE FROM
PATRICIA MARTINEZ, DIRECTOR**

The mission of the Department of Children, Youth and Families (DCYF) is to provide child protection and child welfare services, inclusive of children's behavioral health and juvenile corrections, promoting the safety, permanence, and well-being of children and families. This mission is particularly crucial in times of disaster, whether man-made or created by natural causes. The Department has an enhanced responsibility to attend to the needs of children who are in out-of-home living arrangements and to the needs of the substitute caregivers during a State of Emergency. This is fundamental in our continuity of operations to ensure that children entrusted to the care of DCYF are safe and protected, and able to receive appropriate care and treatment relating to their circumstances and needs.

Through the development and implementation of this Disaster Plan, the Department of Children, Youth and Families establishes its procedures for emergency preparedness for children living in out-of-home placement in both generic and relative care foster homes, and including group care facilities. The plans for all children and caregivers are clear and explicit as to the expectations for ensuring safety and appropriate shelter, particularly in the event of an evacuation; and, in maintaining clear contact with the Department as to the whereabouts and conditions of the children in care.

The families who are partner providers with DCYF are an invaluable resource, and our collective commitment is to ensure a safety net for all children in our care. In the event of a State of Emergency, the DCYF will coordinate all of its continuity of operations and provision of services with the Executive Office of Health and Human Services, the Governor's Office, as well as ensure communication with agencies in other states, to provide up-to-date information and coordinate operations for efficient delivery of services and support.

INTRODUCTION

This plan is designed for implementation in the event the Governor of the State of Rhode Island declares the impact of a natural or human caused emergency to be a disaster.

The stated purpose of this plan is to establish emergency procedures and guidelines for the Department of Children, Youth and Families (hereafter referred to as the Department) personnel as they interact with and assist foster parents as well as out of home caregivers during emergencies and other life threatening situations.

In accordance with the Federal Child and Family Services Improvement Act of 2006, the State of Rhode Island has established a plan to guide an effective response to disasters, whether man-made or from natural causes. Drawing from the experience of such tragedies as Hurricane Katrina in New Orleans, it is well understood that the threat of such uncertainty and calamity has an enormous impact on our most vulnerable children. Emergency preparedness for any disaster, expected or unexpected, is an essential aspect of the work involved in Rhode Island's commitment to provide services and support, ensuring safety and protection for children and families.

The Rhode Island Department of Children, Youth and Families recognizes its responsibility for and commitment to the care, custody and guardianship of those children in its care and those foster parents and out of home caregivers who continuously provide them with safety, permanency and well-being

This disaster plan will be initiated with the issuing of an executive order by the Director of the Department.

Department of Emergency Command Structure

With the initiation of the disaster plan, the Deputy Director of the Department will assume overall command of the line functions of the Department assisted by the following personnel overseeing the listed units and divisions: Included in this listing are those personnel who would assume direction of the division or unit should the person in charge be unavailable:

Child Welfare Services	Stephanie Fogli-Terry Ann Lebrun-Cournyer
Family Services: Region One	Beverly Turner Lori Glovak
Region Two	Paula Fontaine Joan Ciccione
Region Three	Suzan Morris Dorn Dougan
Region Four	Janice Contillo Nancy Tierney
Media Relations	Joanne Lehrer Bruce Rollins
RI Children's Information Systems	Leon Saunders David Ahlijanian
Child Protective Services	Vincent McAteer Edward Albanese
Interstate Compact of Placement of Children	Kathleen Letourneau Paula Fontaine
Child Placement	Kevin Savage Fred Aurelio
Foster Care	Phil Steiner
Institutional Care	Linda Essex
Residential Care	Gloria Mazza
Dedicated Hotline	Deborah Drury-Houghton
Emergency Management	Vincent McAteer
Crisis Intervention	Janet Anderson
Federal Response	Lee Baker
Community Partners	Robin Perez
Emergency Training for Prospective Placements	Kevin Savage

Duties and Responsibilities

Child Welfare Services: It is essential for the Department to be able to identify, locate, and continue availability of services for children under DCYF care and supervision who are displaced or adversely affected by a disaster. In keeping with its goal of promoting, safeguarding and protecting the overall well-being of children and families, this division of the Department, through the work of its individual units consisting of the Investigation, Intake and Monitoring units as well as the four regional offices of the Family Services Unit will receive relevant information through Child Protective Services from the 1-800-CAREGIV hotline, the Intake dedicated telephone (401-528-3593), and the 1-800-RICHILD hotline and respond to the specific needs of foster parents as well as other out of home caregivers.

The additional dedicated hotline 1-800-CAREGIV will be for the exclusive use of foster parents and other out of home caregivers. Although it will be placed in the CPS Call Floor area, it will be manned by Child Placement personnel who provide relevant information to callers and obtain information such as the caller's intent in the event of an evacuation. Information received will be entered into the Department's RICHIST system.

In addition, a third dedicated telephone line will be activated in order that Department staff, clients and providers might reach the Department. This line will be manned by CPS personnel and will be accessible to people with disabilities (TTY). The Department will be able to maintain communication with its caseworkers and other essential child welfare personnel who are displaced due to disaster-related conditions.

The Investigative and Intake Units will act as first responders in the event of a disaster, supplemented by Family Service personnel, and provide the initial assessment of the foster and out of home caregiver's ability cope with the emergency situation identifying the family's strengths and needs and identifying appropriate services in concert with personnel assigned to Child Placement.

The Family Services Units covering the four regions of the State of Rhode Island will identify, arrange, or in the event of an extensive disruption in statewide social services, provide for ongoing social services and case management for foster children or other children in out of home placements.

[Region 1](#) - City of Providence located at
101 Friendship Street, Providence, RI 02903
Phone: (401) 528-3502

[Region 2](#) - Eastbay - East Providence to Newport located at:
230 Wood Street, Bristol, RI 02809
Phone: (401) 254-7000

[Region 3](#) - Kent and Washington Counties located at:
650 Ten Road Road, North Kingstown, RI 02852
Phone: (401) 294-5300

[Region 4](#) - North and Northwestern Rhode Island located at:
249 Roosevelt Avenue, Pawtucket, RI 02860
Phone: (401) 721-2400

Media Relations: The Department's representative to the State's media outlets, both print and broadcast, will work in close concert with the Governor's Office of Press Relations and that of the Secretary of Health and Human Services to voice a unified message regarding the information dispensed to all foster parents and other out of home caregivers. A disaster faced by the State of Rhode Island would necessitate the free flow of information from the Department to those affected by the emergency and to those in state and out of state who might offer their time, services or homes to those children and families in need.

RI Children's Information System: The Department's computer system (RICHIST) supports all business operations for DCYF including the following functions:

- Child Protective Services
- Intake
- Family Services
- Licensing/Certification
- Contract Development/Placement
- Finance (fiscal management, business operations and federal benefits)
- Children's Behavioral Health
- RI Training School for Youth (operations, administration, education, juvenile probation)

All system data is backed-up regularly and stored in off-site facilities. DCYF's MIS is integrated with the State's Information Technology System and has interface exchange capability with Statewide Accounting, Child Support Maintenance, Medicaid/Child Welfare Eligibility, Service Provisions, and the Family Court calendar information. The RICHIST system will be maintained by MIS personnel who will respond to the Department's main office. In addition, personnel will prepare the alternate site located at the computer center in the Town of Johnston, RI for use in the event the main computer is inaccessible. Database privileges for the Johnston database will be changed to "read only" for all users until conditions necessitate change back to update capacity.

MIS personnel will also be tasked with dispensing an emergency incident reporting log consisting of a single template which is appropriate to all situations. Employees will be informed to maintain hard copies of any data recorded during the shutdown. At the first available opportunity the information will be transferred into RICHIST.

In addition, MIS will be responsible for activating the automated message for foster parents in the event of an impending emergency. Pre-recorded messages will be sent automatically to foster parent contact numbers once the Department's disaster plan is initiated for them to implement their personal disaster plan and to follow contact/communication protocols.

Child Protective Services: The Call Floor operation is a critical function requiring immediate access to system data and telephone access to maintain continuity of operations regarding responsiveness to reports of child maltreatment. In the event of a disaster, all CPS personnel will be directed to respond to the Department's main office or, if necessary, to the Pawtucket Regional Office where an alternate emergency command center will be operationalized to ensure maintenance of operations; investigate allegations of child abuse or neglect, identify children at risk, and respond to new child welfare cases in areas adversely affected by a disaster to ensure provision of services in those cases. Two members of the investigative unit will be assigned to

investigate allegations regarding foster children and others placed in an out of home environment. A third will be assigned to cover emergency shelters throughout the State.

Interstate Compact of Placement of Children: The ICPC is an agreement between and among all the states for the transfer of a child between states, if that is determined to be in the best interest of the child. For example, if a child is in the custody of another state but has a relative in Rhode Island willing to care for him/her, then the other state will send the child to the relative in RI and DCYF social workers will supervise the placement.

In the event of a disaster in the State of Rhode Island, personnel assigned to this unit will identify all out of state children placed in RI through the ICPC, contact the placement family and identify immediate needs, convey those needs to the assigned FSU worker and initiate communication with the sending state's ICPC administrator regarding all residential and foster care placements and their current circumstances.

Child Placement: DCYF recognizes that foster parents as well as residential and institutional caregivers provide an invaluable service to the children in their care and to the community as a whole. In the event of a disaster, the Department liaison will work with each of the identified groups of caregivers to identify, locate and continue availability of services for children under State care or supervision who are displaced or adversely affected.

In an effort to assist caregivers in their work in the aftermath of a disaster, DCYF will continue to provide support services to the families and children. These services will include foster board payments, clothing allowances for the children, day care for foster children of working foster parents, and medical coverage for the children.

It is important that personnel assigned to this task work closely with the Rhode Island Foster Parent Association to provide information and /or clarify issues.

Emergency Management: In the event of a disaster the RI Emergency Management Agency (EMA) will take the lead in the State's initial response as well as ongoing recovery efforts. To ensure the safety, well-being and continuity of services to foster children and other out of home clients during a disaster and its aftermath, the Department's liaison to the State EMA will be in contact with all local EMA directors, Red Cross officials and shelter personnel that house evacuated families that have been identified by DCYF placement personnel as having foster children or are other out of home caregivers.

As each city and town will have a disaster preparedness plan, foster parents are required to be familiar with the emergency response plan in their city or town of residence, and to adhere to the requirements/expectations set forth by these plans. In addition, in times of emergency, persons assigned to DCYF's Emergency Management function will identify specific shelters for those families that have communicated to the Department a need to evacuate.

Further, DCYF personnel will maintain communication in the event of landline failure with the use of cell and satellite phones, State Police radios and the law enforcement inter-city telecommunication system.

Crisis Intervention: Given the fact that foster parents and others who care for children in placement have a twenty-four hour job working with those who might very well have been victimized, it is probable that the family will be in need of intervention for secondary trauma in the event of a disaster. Foster parents, in particular, are at risk in the best of circumstances and this risk is increased during an emergency event. Personnel assigned to crisis intervention will coordinate mental health services for foster parents and other out of home caregivers in order to deal with the natural consequent behaviors resulting from a region or statewide emergency.

Federal Response: A disaster occurring in a state the size of Rhode Island has the potential of disrupting every aspect of life for the citizens in general and foster parents in particular. Federal assistance will be crucial in dealing with the effect on children in out-of-home care, their biological and foster families as well as the institutions, service providers and the Department which cares for them. Personnel assigned to Federal Response will coordinate the Department's interaction with the Administration for Children and Families, and other appropriate federal agencies and national organizations with particular emphasis on children in out-of-home care. In addition, there may be a need to communicate with regional child welfare directors, foster care managers, adoption managers, ICAMA managers and ICPC administrators to share information in supporting foster families which may have been displaced.

Community Partners: Personnel assigned to this unit will work in conjunction with the Federal Response unit to establish communications with those statewide service providers who remain able to perform their mission. The Department will partner with these service providers and the community to provide the myriad of services needed by foster parents and other out of home providers including adoption assistance, foster care maintenance payments, education of children left homeless and countless other services needed by those displaced.

Emergency Training for Prospective Placements: The Department will address disaster preparation in its training plan for foster parents, prospective foster parents, other out of home providers and the staffs of residential care facilities. In addition, licensed group homes and residential care facilities are required to develop disaster plans. These facilities are monitored for compliance.

Foster parents as well as other out of home caregivers receive printed information which contains instructing them to respond to a specific emergency shelter within their geographical area in the event of evacuation. They are also provided the Department's emergency numbers to inform authorities if they must evacuate or if they are homeless. In addition, each family has provided the Department, per instruction, with a contact number of someone who has been informed by the family of their actions during or after an emergency event. During training, foster parents and prospective foster parents are instructed prior to a disaster to:

- Discuss preparation procedures to be followed in the event of a possible disaster.
- Explain the dangers to the children.
- Consider those who have special needs.
- Contact the local police and fire regarding special evacuation needs.
- Select a location in the event of separation.
- Establish a contact person to communicate with and to provide necessary information on the family's whereabouts and actions. This contact is one who resides out of state and it is imperative that the number be

included in the RICHIST system.

Plan to take care of pets.

Know the location of the assigned emergency shelter.

Teach children how and when to call 9-11.

Prepare a disaster supply kit containing enough food and water for ten days.

Identify and have available all relevant health information as well as medications needed for every family member.

Be aware of the childrens' school safety plan.

Post the Department's caseworker's telephone number.

In the event of a disaster, foster and prospective foster parents are instructed to:

Remain calm as an example to the children.

Ease the child(ren)'s anxieties.

Check for injuries and respond appropriately with first-aid or calling for emergency services.

Remain informed by battery-powered radio.

If evacuated advise the Department and your out of state contact.

Limit your telephone calls to emergencies only.

Use flashlights in place of candles or possibly damaged electrical outlets.

Check for newly created hazardous conditions.

Leave immediately if a smell of gas is present.

If forced to leave remain aware of hazardous conditions such as downed power lines.

Contact the Department when it is safe to do so using the dedicated telephone number (1-800-CAREGIV) and inform the worker as to your location, the location of your foster children and how one can be contacted.

The training in disaster response is included in the 29 hours of foster parent training and the 8 hours of kinship training conducted by the Department for prospective out of home caregivers. Those who have completed the training receive a checklist to be completed when home which will assist them in their preparation for a disaster.

Disaster Resource Material

Step 1. Gather emergency items in case you need to leave your home quickly.

Your Emergency Items	Emergency Items for your car
✓ One day's clothing and shoes for each family member	✓ Bottled water
✓ Personal care products (for example: toothbrush, feminine hygiene products, diapers)	✓ Food (granola/energy bars)
✓ Towel	✓ First aid kit
✓ Blanket or sleeping bag	✓ White distress flag
✓ Flashlight & extra batteries	✓ Flashlight/extra batteries
✓ Granola bars/trail mix	✓ Flares/light sticks
✓ Extra set of car keys	✓ Blanket or sleeping bag
✓ Cash	✓ Emergency reflective blanket
✓ Prepaid phone card	✓ Jumper cables
✓ Copies of important documents: medical and prescription information, passports, birth certificates, driver's license, insurance papers, bank account information...	✓ Tire jack and spare tire ✓ Fix-a-flat ✓ Shovel ✓ Maps

If you have to leave your home quickly, don't forget your prescription medications, eyeglasses and/or hearing aids.

Think about keeping your emergency items in the trunk of your car. You'll be ready to leave quickly and will have what you need if you are stuck on the road.

EMERGENCY CONTACT NUMBER

1-800-CAREGIV

Step 2. Make a Family Communications Plan

If you are separated and cannot get in touch with your family, each family should have the same out-of-state contact. Identify:

- ✓ An emergency contact in your local area
- ✓ A contact out of state in case the emergency affects your local contact
- ✓ A neighborhood meeting place

Step 3. Make a Family Evacuation Plan

If you think you may need to evacuate, make sure everyone knows:

- ✓ The best exits out of your home
- ✓ A neighborhood meeting place
- ✓ Local radio station
- ✓ Location of emergency items, fire extinguisher and first-aid kit
- ✓ A plan for pets in case you need to evacuate

Step 4. Make a Plan for People with In-Home Care Needs

If someone needs special assistance in an emergency:

- ✓ Tell your local fire department about their special needs
- ✓ Identify a neighbor or family member who can help if a care provider cannot get to them
- ✓ Talk with a care provider about what should be done in an emergency
- ✓ Consider helping neighbors who may have special needs

Safe drinking water in an emergency

If your water comes from a city or town system, obey “boil water” orders from officials. Heat water to a rolling boil for 2 minutes. Do not use water from a well that has been submersed in flood water. Check with officials about testing for well water contamination. Never use flood water for any purpose because it could be contaminated.

Your Home –

Having these items in your home can help keep your family safe.

- ✓ Water: at least 1 gallon, per person, per day
- ✓ Can opener (non-electric)
- ✓ Battery powered radio
- ✓ ABC-type fire extinguisher
- ✓ Smoke detectors and carbon monoxide detectors
- ✓ Prescription medications
- ✓ Wired telephone (not cordless)
- ✓ First aid kit
- ✓ Flashlight & battery powered lantern
- ✓ 3-day supply of canned or dried foods
- ✓ 3-day supply of baby food and formula

If you lose power, eat the food in your refrigerator first. Without power, a refrigerator should keep food at a safe temperature for about four hours. If the outage last longer, use your emergency food supply.

Suggested In-Home Emergency Items –

To be **more** prepared, you can buy extra items each month until you have enough to last for at least 7 extra days. Remember to buy food that needs no refrigeration and little cooking.

- ✓ Water: at least 1 gallon, per person, per day
- ✓ Canned or dried fruits, vegetables and soups
- ✓ Canned or dried meat and seafood
- ✓ Beverages: instant coffee, canned juice
- ✓ Rice, pasta, cereal, crackers

- ✓ Powered or canned milk
- ✓ Baby food and formula
- ✓ Comfort foods; snacks, sweets
- ✓ Other foods: peanut butter, cooking oil, salt, nuts

Other needed items:

- ✓ Personal care products (for example: feminine hygiene products, diapers)

Pet Needs

- ✓ Food, water and medications

Store supplies in a dry, cool place. Use supplies before they expire and replace what you use.

Extra Supplies to Have at Home –

With these items your home will be **Most** prepared:

- ✓ Outdoor grill and fuel
- ✓ Fire escape ladder
- ✓ Rope and duct tape
- ✓ Extra batteries

Remember: Using grills, camp stoves and generators indoors can create carbon monoxide, a deadly gas that cannot be seen or smelled.